



TOWN OF TISBURY
DEPARTMENT OF BOARD OF HEALTH
PO Box 666, 215 Spring Street
Vineyard Haven, Massachusetts 02568
Telephone (508) 696-4290 Fax (508) 696-7341

Temporary Food Permit Application

Application is hereby made for a permit to operate a temporary food service in accordance with the provisions of Chapter 94, Section 305A and Chapter 111, Section 5 of the Massachusetts General Laws.

Name of Applicant: _____

Address & Daytime Phone Number of Applicant: _____

Non-Profit: Yes: _____ No: _____ Tax Exempt # _____

Name & Address of Event/Occasion: _____

Date(s)/Time(s) of Event/Occasion: _____

Food/Drink to be served: (use additional sheet if necessary)

Preparation/Cooking Facilities:

On-site: Describe facilities & equipment: _____

Off-site: Where? _____

Method of Refrigeration: _____ Refrigeration not required: _____

Application continued on reverse side

Food Protection: List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.

Applicant/Owner's Signature

Date

Fee Schedule:

Non-profit organizations – No charge

Tisbury based food establishments currently licensed by BOH – No Charge

For-profit business/individual - within Tisbury - \$20.00

For-profit business/individual - outside of Tisbury - \$35.00

For Board of Health use:

Date received: _____

Fee Paid: _____

Action Taken:

Permit denied: _____ Date: _____

Reason for denial: _____

Permit approved: _____ Date: _____

Conditions (if any): _____
