

**APPLICATION FOR PERMIT TO OPERATE A
TEMPORARY FOOD ESTABLISHMENT**

Non-Profit Organization – \$20.00

For Profit Establishment - \$ 35.00

Name of Establishment _____

Telephone Number _____

Business Address _____

Mailing Address (if different)

Name, Title & Address of Applicant _____

Type of Event _____

Date(s) of Event _____ **Time:** _____

Location of Event

Menu Items _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of Certified Food Manager

(Attach a Copy of Certification)

Pursuant to MGL Ch. 62C, Sec. 19A, I certify under penalties of perjury that, to the best of my knowledge and belief, all state tax returns have been filed and paid as required by law.

Name

Social Security of FID#

Fee Received _____

Check # _____

Date _____

Date of Application

Permit Approved



FP6 (rev. 3/00)

Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR PERMIT

City or Town Scituate

Date _____

DIG SAFE NUMBER

Start Date: _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10-A application is hereby made by _____

(Full name of person, Firm or Corporation)

Address _____
(Street or P.O. Box) (City or Town)

For permission to (state clearly purpose for which permit is requested) _____

Name of competent operator (If Applicable) _____ Cert. No. _____

Date Issued-rejected _____ By _____
(Signature of Applicant)

Date of expiration _____ Fee \$25.00 \$ Paid _____ Due _____



FP6 (rev. 3/00)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



PERMIT

City or Town Scituate

Date _____

DIG SAFE NUMBER

Start Date: _____

Permit Number (if applicable) _____

In accordance with the provisions of M.G.L. Chapter 148, as provided in 10-A this permit is granted to _____

(Full name of person, Firm or Corporation)

for _____

Restrictions: Full compliance with 527 CMR 6 and NFPA 58 (propane)

at _____
(Give location by street and no., or describe in such manner as to provide adequate identification of location)

Fee Paid \$ _____ This Permit will expire on _____

Signature of Official Granting Permit _____ Title _____

➡ **This permit must be conspicuously posted upon the premises** ⬅