



BOARD OF HEALTH
577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

ONE DAY FOOD SERVICE / FOOD SAFETY APPLICATION

Fee: \$35.00 - payable to: "Town of Hamilton" Late Fee: \$50.00

Submit all documents 30 days prior to the event

Name of Food Service Applicant: _____

Type of Function/Event: _____

Sponsoring Organization: _____

Name of Person in Charge of Event: _____

Telephone #: _____

E-Mail Address: _____

Please list individuals working the event: _____

Please list those individuals who are Food Safety Certified: _____

Location of the Event: _____

Date and Time of Event: _____

What time will event be set up and ready for inspection: _____

List all food items being served: _____

Where will the food be purchased/made: _____

How will the food be transported and stored: _____

How will any left-over food be disposed of: _____

Signature of person in charge of event: _____ Date _____

Please supply a copy of Servsafe and Allergen Certification and
a copy of a Food Establishment Permit if base of operation is outside of Hamilton.