

**City of Medford  
Board of Health  
85 George P. Hassett Dr.  
Medford, MA. 02155**

Tel#: (781) 393-2560

Fax: (781) 393-2562

**Application for a Permit to Operate a Food Establishment (Temporary)**

Include:       Application                       Application Fee of \$ 35.00 (**Payable by Check Only**)  
                  Copy of Certified Food Manager Certificate

Type of Business:  Retail Food       Food Service       Caterer       Mobile Food\*

Dates of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Location/Event Name and Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Emergency #:** \_\_\_\_\_

**Name of Person In Charge: (must be certified)** \_\_\_\_\_

**Owner**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

**Manager**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**\* Mobile Food Operators**

**Is the truck necessary for food holding**       Yes                       No

**Do you have Propane?**       Yes                       No                      **If yes, contact Fire Prevention 781-396-9831**

**If doing Business from a truck, Registration #** \_\_\_\_\_

**General Information**

**Water Source:** \_\_\_\_\_                      **Sewage Disposal:** \_\_\_\_\_

**Rubbish Removal:**       City                       Dumpster                       Private Trash Hauling

If Dumpster or Private Hauling, include the name, address and telephone # of the Contractor.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

List Food Proposed at the Event:

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**Food protection Methods to be used: (i.e. warming ovens, hand cleaning stations, etc.)**

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Name of Person Trained in Anti-Choking Procedure: \_\_\_\_\_

I will maintain the establishment in compliance with all regulations, and in a clean and sanitary manner. Signed under the pains & penalties of perjury.

Pursuant to M.G.L., C. 62C, S. 49A, I certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property has been paid.

Signature of Applicant: \_\_\_\_\_

Signature of Owner, Manager, Corporate Officer or Agent \_\_\_\_\_

Social Security Number or Federal ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

Per 105 CMR 590.000, US Dept. of Health and Human Service Food Code 1999 and Medford Board of Health Regulation 1 – Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.

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**FOR BOARD OF HEALTH USE ONLY**

\_\_\_\_\_  
DATE RECEIVED

\_\_\_\_\_  
DATE INSPECTED

\_\_\_\_\_  
APPROVED BY

\_\_\_\_\_  
PERMIT # ISSUED