



Board of Health

Town of Royalston
5 School Street PO Box 54 . Royalston MA. 01368
Tel (978)249-3617
Email: boh@royalston-ma.gov

Fee \$25

Temporary Food Application

APPLICANT

Name:	Email:
Address:	
Telephone:	Fax:
Address to send permit to:	

TYPE OF FACILITY (Please check one)

<input type="checkbox"/> Churches / Non Profits	<input type="checkbox"/> Mobile Food Server	<input type="checkbox"/> Retail Food (Pre Packaged only)
<input type="checkbox"/> Food Service Establishment	<input type="checkbox"/> Licensed Residential Kitchen	<input type="checkbox"/> Caterer
<input type="checkbox"/> Other – Please specify		

EVENT NAME: _____

EVENT DATE (S) : _____

EVENT LOCATION: _____

TIME AT EVENT: FROM _____ TO _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

Signature of applicant: _____ Print Name: _____

Date : _____

All checks must be made payable to the Town of Royalston

****PLEASE INCLUDE COPIES OF FOOD SAFETY AND ALLERGEN AWARENESS CERTIFICATIONS; BOARD OF HEALTH PERMIT IF NOT LICENSED IN THE TOWN OF ROYALSTON; AND 501C3 FORM IF NON PROFIT** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL COMPLETE. ALL TEMPORARY APPLICATIONS MUST BE SUBMITTED 5 DAYS BEFORE THE EVENT. APPLICATIONS WILL NOT BE PROCESSED 2 DAYS BEFORE THE EVENT IF SUBMITTED LATE.**