



Board of Health
TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852

Application for a Permit to Operate a Temporary Food Establishment

Date: _____

For Office Use Only:

Permit Fee: _____ Received: _____ Permit Number: _____

Business Information:

Name of Applicant: _____

Applicant Address: _____

Base of Operations Address: _____

Primary Telephone: _____

Owner Information:

Establishment Owned By: ☐ An Association; ☐ An Individual; ☐ A Partnership *; ☐ A Corporation *; ☐ Other Legal Entity _____

Owner(s) of Establishment: _____

Primary Telephone: _____

Email Address: _____

Mailing Address: _____

Emergency Contact Name: _____ Telephone: _____

Emergency Contact Email Address: _____

* If this is a corporation or a partnership, give the name, title, and home address of the office or partners:

Name	Title	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

Event Information

Event Address: _____

Event Coordinator Name: _____ Phone: _____

Email Address: _____



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Date / Time of Event: _____

Hours of Operation (expected): _____

Estimated Number of People to Be Served: _____

Preparation Facilities Located:

☐ At the Event ; ☐ Off-site at Establishment

Please describe: _____

Cooking Facilities Location:

☐ At the Event ; ☐ Off-site at Establishment

Please describe: _____

Food Protection:

Describe the equipment and means of transporting COLD Food (41°F or below): _____

Describe the equipment and means of transporting HOT Food (135°F or above): _____

Refrigeration: ☐ Required ; ☐ Not Required

If Required – Method of Refrigeration: _____

Select all measures in place to protect food from contamination during preparation, storage, and display:

☐ Chafing Dish

☐ Handwashing

☐ Other: *Provide Detail Below:*

☐ Cambro Unites

☐ Sneeze Guards

☐ Aluminum Foil

☐ Gloves/PPE



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Do you carry propane? ☐ Yes ; ☐ No

How many gallons: _____

For anything less than or equal to 42 gallons, an inspection is required but there is no fee. **For anything greater than 42 gallons, an inspection is required along with a fee of \$60.** This fee must be paid via check to The Town of Sherborn.

For any questions pertaining to this, please contact the Sherborn Fire Department at 508-653-3270.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Applicant: _____

Before submitting your application, please ensure the following materials have been submitted:

- ☐ A complete menu or product listing
- ☐ A copy of the certificates for each of the following:
 - ☐ Certified Food Manager
 - ☐ Allergen Awareness
- ☐ Permit Fee as outlined in the Sherborn Food Permit Fee Schedule
- ☐ Verification letter from licensed commissary or establishment