PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK # _____

Board of Health
Town of Southwick
454 College Highway, Southwick, MA 01077
Phone (413) 569-1212
Fax (413) 569-5284

TEMPORARY FOOD SERVICE PERMIT

This permit is issued to _____ for the date of _____and time _____ located at _____.

Permit is contingent upon an inspection by the Southwick Board of Health Agent or any member of the Board of Health.

Permit is granted under local authority but in accordance with the State of Massachusetts State Sanitary Code 105 CMR 590.029 and 590.030 (a copy of which is attached for the vendor).

Food Establishments Name: _____

Address: _____

Name of permit holder: _____

Date of expiration: _____

List food to be sold and how operated.

_____

_____

_____

An inspection was completed on _____ and all applicable requirements of regulations have been met.

_____
Board of Health Agent/Member Date

_____
Applicant Date