



Town of Wales Board of Health

APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

Fee: \$15.00

Person in Charge:

Name _____ Phone _____

Address _____

Establishment/Food Vendor:

Name _____ Phone _____

Address _____

Event:

Location _____ Date _____

Foods:

List all food/beverages to be served (may provide a menu)

- All food must be covered at all times during display.
- All food contact services must be sanitized and kept clean at all times.
- All food must be protected from sunlight to prevent temperature elevation.
- All food must be stored at least 6 inches off the ground.

Signature _____ **Date**

Please submit this application, along with your Serve Safe Certification and a check payable to the Town of Wales, then mailed to:

**Wales Board of Health
PO Box 107
Wales, MA 01081
p. 413-245-7571 x. 105 f. 413-245-3186
health@townofwales.net**