



Town of Rowley
Massachusetts 01969
39 Central Street
P. O. Box 783

Board of Health

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(978) 948 2231
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FOOD SERVICE SINGLE EVENT / ONE DAY EVENT APPLICATION

NAME OF VENDOR: _____

CONTACT NAME: _____

ADDRESS: _____

PHONE #: _____ E-MAIL ADDRESS: _____

EVENT INFORMATION: NAME: _____

DATE: _____ TIME: _____

LOCATION: _____

MENU (attach menu or use an additional page for more space): _____

Approximate number of people who will be served at the event: _____

Name of certified Food Protection Manager present during preparation and the event (if applicable):

_____ Certification No.: _____

Name of all participating food establishments, city/town its operation is located (attach copy of permit and last inspection report): _____

SIGNATURE OF RESPONSIBLE PARTY: _____

Print Name of Responsible Party: _____ Date: _____