



Fee \$50.00 Paid? _____
Check _____

Town of Rowley

Massachusetts 01969

39 Central Street

P. O. Box 783

Board of Health

E-Mail health@townofrowley.org

(978) 948 2231

TEMPORARY FOOD PERMIT APPLICATION

VENDOR:NAME _____

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):

_____ Food Protection No.: _____ Allergen Awareness 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: _____