



Telephone (508) 580-7175
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TEMPORARY FOOD VENDOR APPLICATION

EVENT NAME: _____

EVENT DATE: _____

LOCATION: _____ TIME: _____



ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____



APPLICANTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____



SERVESAFE: Y N

NAME OF CERTIFIED PERSON: _____

ALLERGY AWARENESS CERTIFICATE: Y N

PERSON IN CHARGE: _____

COMPLETE LIST OF FOODS: _____



SIGNATURE: _____ DATE: _____