



Commonwealth of Massachusetts
TOWN OF PLYMOUTH
PUBLIC HEALTH DEPARTMENT
 508-747-1620 X10118
 Fax: 508-830-4062
 26 Court Street
 Plymouth, Massachusetts 02360

Fee:
 1-5 Day Temporary Operation: \$35.00
(Must fill out new form again if operating past 5 days)
 Service Kiosks: \$50.00 for up to 16 weeks
 16 week-6 month Temporary Operation: \$125.00
Check or Money Order Only
Payable to: Town of Plymouth
Fee is Per Vendor Unit/Space*

License to Operate a Temporary Food Booth/Kiosk/Establishment
Incomplete Applications Will Be Returned

Legal Business Name (Corp., LLC, Etc.) _____

DBA (if different) _____

Business Address _____

Mailing Address _____

Business Phone _____ Person in Charge _____

Email Address (for permit) _____

Manager/Agent/Operator Name _____

Location Where Meals will be Prepared: _____

From - _____ To - _____
 Dates of Event _____ Total Number of Days: _____

Location of Event _____ Name of Event: _____

Event Organizer _____ Organizer Contact: _____

Please Include (applications with missing documentation will be returned):

- Copy of Food Protection Manager certificate and Allergen Awareness certificate
- Copy of food permit from the town you are based out of
- Copy of last health inspection report for YOUR business
- Copy of commissary kitchen contract, commissary kitchen's permit, and the commissary kitchen's recent health inspection report, if applicable (i.e., if you utilize a commissary kitchen)
- Copy of menu

Fire Department Approval if propane or open flame is used: _____

(obtain signature BEFORE submitting to Health Department – email mhelminiak@plymouth-ma.gov or 508-830-4213 Xt.111)

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

 Social Security number or Federal Identification Number

 Signature of Individual or Corporate Name

**EXAMPLE: ONE VENDOR WITH THREE SEPARATE TRAILERS OR TABLE SET UPS FOR FOOD/DRINK MUST SUBMIT 3 SEPARATE FEE PAYMENTS.*

FOR OFFICE USE ONLY:

MUNIS #: _____

APPROVED BY: _____