

Office of The  
Board of Health



Sutton Municipal Center  
4 Uxbridge Road  
Sutton, MA. 01590  
Telephone (508)865-8724  
Fax (508)865-8721

## Town of Sutton

### APPLICATION

### FOR A TEMPORARY FOOD PERMIT/ONE DAY CATERED FUNCTION

PLEASE ATTEMPT TO SUBMIT FOURTEEN (14) DAYS PRIOR TO THE FUNCTION

Fee: \$30.00 Per Day  
(Checks made payable to the Town of Sutton)

DATE: \_\_\_\_\_

BUSINESS or GROUP Name: \_\_\_\_\_

Social Security # or Federal ID # \_\_\_\_\_

Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ FAX # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Response Person Name & Telephone: \_\_\_\_\_

**ALL OPERATIONS MUST HAVE A HAND WASHING STATION ON THE PREMISES.**

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

Printed Name: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
(Person responsible for this event)

### EVENT INFORMATION

DATE(S) OF EVENT: \_\_\_\_\_ Hours of Operation \_\_\_\_\_

LOCATION OF EVENT: \_\_\_\_\_

NUMBER OF GUESTS TO BE SERVED AT THIS EVENT: \_\_\_\_\_

Planned Route (if applicable): \_\_\_\_\_ Water Source: \_\_\_\_\_

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PLEASE LIST THE ITEMS YOU ARE SERVING AND A DESCRIPTION OF THE MEANS OF PREPARATION. PLEASE INCLUDE HOW ITEMS WILL BE KEPT HOT/COLD.

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WHERE WILL THE FOOD BE PREPARED FOR THIS EVENT? \_\_\_\_\_

WILL DISPOSABLE PAPER GOODS BE USED FOR SERVING? \_\_\_\_\_

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:

COPY OF MENU OR LIST OF ITEMS BEING SERVED AT THIS EVENT

COPY OF ALL SERV SAFE CERTIFICATION(S) FOR PERSON(S) WORKING THIS EVENT

COPY OF ALL ALLERGEN AWARENESS CERTIFICATION(S) FOR PERSON(S) WORKING THIS EVENT

COPY OF ALL CHOKESAYER CERTIFICATE(S) FOR PERSON(S) WORKING THIS EVENT

COPY OF YOUR LICENSE FROM THE TOWN/CITY WHERE THE FOOD IS PREPARED

COPY OF THE LATEST FOOD INSPECTION REPORT

COPY OF LETTER FROM COMMISSARY (IF MOBILE)

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For Board of Health Use Only

Date \_\_\_\_\_ Fee Paid \$30.00/Day Check # \_\_\_\_\_ PERMIT # \_\_\_\_\_

**THIS PERMIT MUST BE ON SITE AT THE DAY OF THE EVENT**