



Town of Wilmington

Board of Health

121 Glen Road
Wilmington, Massachusetts 01887

APPLICATION TEMPORARY FOOD PERMIT

2022

Fee \$25.00

Date _____

Date(s) of Event _____

Name of Establishment _____

Business Address _____

Telephone # (____) _____

Mailing Address (if different) _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (if different) _____

Location of event

What food is to be sold _____

Signature of Applicant _____

Office Use Only

Date Received: _____

Amount Paid: _____

Check Number: _____

Permit Number: _____

Received By: _____

Signature of Town Treasurer's Office

Please attach Servsafe & licensing permit