



# Town of Wilmington

## Board of Health

121 Glen Road  
Wilmington, Massachusetts 01887

### APPLICATION TEMPORARY FOOD PERMIT

2019

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 \_\_\_\_\_

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

Name of Owner (if different) \_\_\_\_\_

Location \_\_\_\_\_

What food is to be sold \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

If you would like your permit emailed please provide email address: \_\_\_\_\_

Office Use Only

Date Received: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Received By: \_\_\_\_\_

\_\_\_\_\_

Signature of Treasurer