



Town of Stoneham Board of Health

**Public Health Agent
John R. Fralick**

35 Central Street, Stoneham, MA 02180
Telephone: 781-279-2621 – Facsimile: 781-507-2615

**TEMPORARY FOOD
PERMIT APPLICATION
\$30.00 FEE FOR EVENT**

PLEASE PRINT:

NAME: _____ **PHONE:** _____

ADDRESS: _____

FOODS TO BE SERVED: _____

DATE AND LOCATION OF FOOD SALES: _____

SOURCE OF FOOD: _____

(Sources of food outside of Stoneham will require a copy of applicable Health Department Permit.)

FOOD MANAGER CERTIFICATION: _____

Please enclose copy.

I, the undersigned, under penalties of perjury that the applicant has filed all state and local tax returns and paid all state and local taxes as required by law.. (MGL, Chapter 62C s 49A).

I certify that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments – Chapter X, Federal 1999 Food Code and the above described establishment will be operated and maintained in accordance with these regulations.

Name of person completing form.

Date application completed.