

TOWN OF MILLBURY



ONE DAY CATERING EVENT or 1 to 14 DAY TEMPORARY EVENT FOOD PERMIT APPLICATION

Today's Date: _____ **# of Days of Event:** _____

Date(s) of Event: _____

Location of Event: _____

Name/Type of Event: _____

Business Name: _____

Address: _____

Telephone Number: _____

Emergency Response Person: _____

Mailing Address (if different): _____

Owner: _____

Please attach a list of items that will be served at the event.

Copies of the following must be on file at the Millbury Board of Health.
Current Food License from base of operation and copy of last inspection report.
Current and up-to-date ServSafe Certificate and Allergen Certificate.

Must have Food Permit at location during event
Circle One and Submit the Specified Fee

(\$100.00 per Event) or (Fee Waived for Bereavement) or
(\$50.00 Non-Profit Sponsored Event)

RECEIVED _____ **APPROVED** _____ **PERMIT NUMBER** _____

508 865-4721
Fax 508 865-0878