



**TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516**

(508) 476-4000 x. 252
kharris@douglas-ma.gov

508-476-0023 FAX
508-476-1619 TTY

APPLICATION FOR A ONE-DAY FOOD SERVICE PERMIT FOR OCTOBERFEST

DATE: _____ FEE: \$35.00 (Payable to the Town of Douglas)

BUSINESS NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

CELL PHONE NUMBER: _____

APPLICANT'S NAME _____

DO YOU HAVE A MOBILE UNIT: _____

WHO IN YOUR ORGANIZATION HOLDS THE **SERVSAFE** AND **ALLERGEN AWARENESS** CERTIFICATIONS?

A COPY OF THESE CERTIFICATIONS **MUST** BE SUBMITTED WITH THIS APPLICATION AND THAT PERSON MUST BE ON SITE FOR THE FOOD PREPARATION AND DURING THE TIME THE FOOD IS BEING SERVED.

HOW IS THIS FOOD TO BE PREPARED? _____

WHERE WILL THE FOOD BE PREPARED? _____

HAS THIS SITE BEEN APPROVED BY THE BOARD OF HEALTH? _____

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PLEASE LIST THE ITEMS YOU ARE SELLING AND A DESCRIPTION OF THE MEANS OF PREPARATION. PLEASE INCLUDE HOW ITEMS WILL BE KEPT HOT/COLD. WILL DISPOSABLE PAPER GOODS BE USED FOR SERVING? Be as detailed as possible.

Signature of Applicant

for Town of Douglas use only

Date approved by the Octoberfest Committee: _____

Octoberfest Committee Authorized Signature

REVISED 2/23/23 for Octoberfest