



**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? \_\_\_\_\_

ONE DAY FOOD PERMIT - OCTOBERFEST  
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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.

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

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for Town of Douglas use only

Date approved by the Octoberfest Committee: \_\_\_\_\_

\_\_\_\_\_  
Octoberfest Committee Authorized Signature

REVISED 2/23/23 for Octoberfest