



**BOARD OF HEALTH**

P.O. BOX 56  
19 MOORE STREET  
BELMONT, MA 02478  
(617) 993-2720  
(617)993-2721 FAX

**Temporary Food Permit Application Fee \$25**

(Application must be submitted at least 7 days prior to the event.)

NAME OF SPECIAL EVENT:	
DATE AND TIME OF EVENT:	
LOCATION OF EVENT:	
NUMBER OF PEOPLE TO BE SERVED FOOD:	
NAME OF PERSON REQUESTING PERMIT:	
TELEPHONE:	EMAIL:
NAME OF ORGANIZATION:	
ORGANIZATION ADDRESS:	
PROPOSED MENU (List exact foods to be served):	
NAME/ADDRESS/PHONE OF FOOD PREPARATION FACILITY(S) (Attach a copy of caterer's license IF not a Belmont licensed caterer):	
SIGNATURE OF PERSON REQUESTING PERMIT:	
DATE APPLICATION SUBMITTED & SIGNED:	

☺ Please be aware that your event may be inspected on the day of the event.

**\*Health Department Comments and/or Restrictions**

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\_\_\_\_\_  
Agent of the Health Department

\_\_\_\_\_  
Date

**Belmont Municipal/Belmont Public School Events are exempt from fee**