



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 \$0

(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**

Agent of the Health Department

Date