

# Dennis Health Department

685 Route 134, South Dennis, MA 02660  
 Phone: 508-760-6158 ▪ Fax: 508-394-6289  
 Web: www.town.dennis.ma.us



Date Received _____
<b>\$45.00 Fee Paid</b> _____ No Fee for Non-Profit Organizations Checks payable to "TOWN OF DENNIS"
Check No. _____
Staff Initials _____

## Temporary Food Service Application

Date: \_\_\_\_\_

Please Print

Name of Organization	Address:
Phone #:	Mailing Address, if different:
Name of Applicant:	Phone # & Email Address:
Type of Event (arts & crafts show, etc.)	Date(s) of Event:
Name of Facility/Establishment or Site of Event:	Hours of Event: from: _____ am/pm to: _____ am/pm
Address of Event Site:	
List Foods to be Served/Sold (continue on reverse side, if needed):	
List All Food Vendors and their Contact Information (continue on reverse or attach a list to application):	
What is the Source of the Food to be Served (store, home, catered):	
If Event is Catered, Name and Address of Catering Company (must be licensed):	
NOTE: Potentially hazardous foods cannot be prepared in a residential kitchen (must be prepared in a licensed or Town building kitchen). Potentially hazardous food means "a food that is natural or synthetic and that requires temperature control because it is in a form capable of supporting: (i) The rapid and progressive growth of infectious or toxigenic microorganisms; (ii) The growth and toxin production of Clostridium botulinum; or (iii) In raw shell eggs, the growth of Salmonella Enteritidis."	
Kitchen/Refrigeration Available On Site? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, how will perishables be stored and/or prepared?
Type of Hand Washing Facilities Available on Site (sinks, hand sanitizers, etc.):	
Where are Hand Washing Facilities Located on the Site?	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use:**

**PERMIT APPROVED BY:** \_\_\_\_\_ **PERMIT #:** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Restrictions: \_\_\_\_\_

