

*The Commonwealth of Massachusetts*  
**TOWN OF PLYMOUTH, MASSACHUSETTS**  
508-747-1620  
**Application for Permit to Operate a One Day Event**

**\$ 25.00 One Day Event Fee**

**MAKE CHECK PAYABLE TO: Town of Plymouth**

**RETURN TO: PLYMOUTH BOARD OF HEALTH, 11 Lincoln St., Plymouth, MA 02360**

Legal Business Name (Corp., LLC, Etc.) \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Business Address \_\_\_\_\_

Parcel ID# (Please obtain this from the Assessor's Office) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Person in Charge \_\_\_\_\_

Owner/President Name \_\_\_\_\_

Manager/Agent/Operator Name \_\_\_\_\_

Location Where Meals will be Prepared: \_\_\_\_\_

**TEMPORARY LICENSES ONLY:**

Dates of Event \_\_\_\_\_ Total Number of Days: \_\_\_\_\_

Event Time \_\_\_\_\_

Location of Event \_\_\_\_\_

Estimated Number of Meals \_\_\_\_\_

Type of Service (Paper, Plastic, Etc) \_\_\_\_\_

Proposed Menu Items \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Certified Food Manager

Date Test Taken

\_\_\_\_\_

\_\_\_\_\_

Name(s) of person(s) Certified in Allergen Awareness:

\_\_\_\_\_

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Social Security number or Federal Identification Number

\_\_\_\_\_  
Signature of Individual or Corporate Name

by \_\_\_\_\_  
Corporate Officer (if applicable)

**ALL APPLICANTS MUST PROVIDE A COPY OF  
THEIR FOOD SAFETY CERTIFICATE & ALL FOOD  
SERVICE LICENSES FROM THEIR TOWNS.**

(Ex: a restaurant from Kingston would provide a copy of the town issued license from Kingston)

**AND**

**THEIR ALLERGEN AWARENESS CERTIFICATION**

***PLEASE MAKE SURE WHEN MAILING IN YOUR APPLICATION YOU MAKE  
IT TO THE ATTENTION OF THE PLYMOUTH BOARD OF HEALTH.  
THIS WILL HELP SPEED UP THE LICENSING PROCESS.***