



TOWN OF YARMOUTH

1146 ROUTE 28, SOUTH YARMOUTH, MASSACHUSETTS 02664-24451
Telephone (508) 398-2231, ext. 1241
Fax (508) 760-3472

Board of
Health
-
Health
Division

FEE: \$80.00 per year

COMMISSARY/CATERING TEMPORARY FOOD SERVICE APPLICATION - 2019

Name of Business: _____ Tax ID (FEIN or SSN) _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____

E-mail Address: _____

Address where food is prepared: _____

Method of food transportation: _____

List **all** food suppliers:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Ice obtained from: _____

Procedure for keeping potentially hazardous foods below 45E F or above 140E F:

Describe hand washing facilities/procedures and methods for washing and sanitizing cooking utensils: _____

Signature of Applicant: _____ Date: _____

NOTE: The Yarmouth Board of Health must be notified 72 hours prior to service of catered event.

Caterers located outside of the Town of Yarmouth must also submit a copy of their current local food service permit and last inspection report.

All applicable items must be completed in order for your application to be processed.