



TOWN OF MONSON
BOARD OF HEALTH
110 Main Street
Monson, MA 01057

*WORKING IN A CHANGED WORLD
STRENGTHENING PUBLIC HEALTH PREPAREDNESS*

Application for Various Permits

My Organization is applying for a:

___ Caterer's Permit ___ Temporary Food Sales Permit

___ Other (Please Explain) _____

Name of Organization: (Name & Address of responsible person)

Phone Number of Responsible Party: _____

Time and Place of Event: _____

If request is for caterer's permit, please give the following information:

Name of caterer: _____

Menu: _____

Remarks: _____

Is your organization considered exempt under the attached Town of Monson ServSafe Policy? _____

If your organization is not exempt, a copy of the current certification for the Responsible Party must be attached to this application before a permit will be issued.

<u>BOARD OF HEALTH USE ONLY</u>		Permit No. _____
Permit Approved / Denied Date:	_____	
If denied, reason:	_____ _____	
Fee amount and date collected:	_____	