



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

Fee \$ _____
(See Page 2)

**Application for Permit to Operate a Temporary Food
Establishment on the Eastern States Exposition Grounds**

Date: _____

Name of Establishment: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

Name & Title of Applicant: _____

Name of Owner (if different from applicant): _____

If corporation or partnership, give name, title & home address of offices or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

State of Incorporation: _____ Name & Address of Local Agent: _____

Name of Event on the Eastern States Exposition Grounds _____

Date(s) of Event on the Eastern States Exposition Grounds _____

Hours of Operation:

_____	_____	_____	_____	_____	_____	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Purpose of Permit: _____
(types of food)

Food Safety Manager _____
Required by state regulations

Expiration Date: _____

Allergen Training Certification _____
Required by state regulations
www.mass.gov/dph/fpp

Expiration Date: _____

See other side →

If Restaurant: Number of Seats _____

Person Trained in Anti-Choking Procedures (if 25 seats or more). _____ Yes _____ No

Application for Permit to Operate a Temporary Food Establishment on the Eastern States Exposition Grounds

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my 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)

APPLICATIONS MUST BE RECEIVED IN THE OFFICE OF THE WEST SPRINGFIELD HEALTH DEPARTMENT NO LATER THAN TEN (10) DAYS BEFORE THE START OF THE EVENT.

Fee Schedule	
Events 1 to 3 days in length -	\$25.00
Events 4 to 10 days in length -	\$50.00
Events over 10 days in length -	\$75.00

For Board of Health Use Only

Date Received

Date Inspected

Approved By

Permit # Issued
