

TOWN OF PLYMPTON

BOARD OF HEALTH

5 Palmer Road, Plympton, MA 02367

(781) 585-7000

YEAR _____

Fee _____

EXPIRES: _____

APPLICATION FOR PERMIT

MOBILE FOOD

Date: _____

Name of Establishment: _____

Establishment Address: _____

Mailing Address (if different): _____

Phone: _____ Cell: _____ Email: _____

Name & Title of Applicant: _____

Name of Owner (if different): _____

Emergency Response Person: _____

Address of Response Person: _____ Phone : _____

Type of Establishment (check all that apply):

Food Service _____

Caterer _____

Mobile Food _____

Residential _____

Annual _____

Seasonal _____

Temporary _____

Retail Food _____

Bed & Breakfast _____

Other: _____

Owner Signature: _____

Board Authorized Signature: _____