



# TOWN OF YARMOUTH

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Telephone (508) 398-2231, ext. 1241  
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Board of  
Health  
-  
Health  
Division

FEE: \$80.00 per year

## COMMISSARY/CATERING TEMPORARY FOOD SERVICE APPLICATION - 2020

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.**