



Town of Boylston Board of Health boh@boylston-ma.gov
221 Main Street, Boylston MA 01505 ** Telephone (508) 869-6828 ** Fax (508) 869-6210

ONE-DAY EVENT APPLICATION
(APPLICATION MUST INCLUDE YOUR CURRENT LICENSE)

Name of Event

Date to be Held

Permit No. _____

(ISSUED BY BOH)

FEE \$50.00

1. Name of Establishment _____
Address _____
Telephone Number _____
Mailing Address (if different) _____

2. Owner Name _____
Address _____
Telephone Number _____

3. Applicant Name & Title _____
Address _____
Telephone Number _____
24-Hour Emergency Telephone Number _____

4. Establishment Owned by a/an: ☐ Association ☐ Corporation ☐ Individual
☐ Partnership ☐ Other Legal Entity _____

5. If a Corporation or Partnership, list Name, Title and Home Address of Officers or Partner(s):

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):
Name & Title _____
Address _____
Telephone Number _____
24-Hour Emergency Tel.# _____ Fax No. _____

7. Name of Person in Charge Certified in Food Protection Management: **(required as of 10/1/2001 in accordance with 105 CMR 590.003(A))** _____ **(please attach copy of Certificate)**

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

9. Location (check one): ☐ Permanent Structure ☐ Mobile

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant _____

Social Security Number or Federal ID _____

Signature of Individual or Corporate Name _____