TOWN OF HINGHAM
BOARD OF HEALTH
210 Central Street, Hingham, MA 02043-2762
(781) 741-1466 Fax (781) 804-2373
Email: HealthDirector@Hingham-Ma.gov

Temporary Food Service Application

To Be Submitted Two (2) Weeks before event

Application Fee $50.00

Please check and attach the following documentation:

- ☐ Certified Food Manager
- ☐ Allergen Awareness Certificate
- ☐ Workers Comp Affidavit Form
- ☐ Fee

Name of Applicant/Owner: _____Tel #: _____

Address of Applicant/Owner_____Email:_____

Name of Event:_____

Event Location:_____ Event Date: _____

List of Food to be served

Where are the food items prepared? Include copy of permit if needed

Food Protection

List equipment to be used, describe measures to protect food and maintain temperature during storage, display and transportation.(overhead protection, refrigeration,gloves, handwashing facilities)

_____Date_____

Applicant/Owner (Signature indicates operation by Date and acceptance of any conditions listed)

If required, you must also obtain a permit from the Hingham Fire Department