



Town of Dedham
 Board of Health
 450 Washington St
 Dedham, MA 02026
 (781) 751- 9220
 www.dedham-ma.gov



Public Health
 Prevent. Promote. Protect.

One-Day Food Permit Application

Fee: \$50.00/day

Establishment's:

Name: _____
 Address: _____
 Email: _____
 Phone #: _____
 Contact person: _____
 Phone #: _____
 Emergency #: _____

Applicant's:

Name: _____
 Address: _____
 Email: _____
 Phone #: _____
 Emergency #: _____

Type of Establishment: Retail Food Service Wholesale Caterer

Location of event: _____

Date/time of event: _____

If a corporation or partnership, provide name, title, and home address of officers or partners:

Name	Title	E-mail

The following must be submitted with the application:

- Anti-choke training certification
- Allergen Awareness certification
- ServSafe certification
- Copy of establishment's permit
- Copy of establishment's most recent inspection report
- Event menu
- Information of how hand washing and temperature will be maintained
- How and where restrooms will be provided

By signing you are confirming that you have read and understand the Town of Dedham regulations pertaining to the food code (105 CMR 590.000). You also agree to abide by these regulations set forth by the Town of Dedham Board of Health. If your establishment is in non-compliance of these regulations you may have your permit suspended indefinitely.

 Applicant/Owners Signature

 Date

 FID# or SS#