



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

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Town of Provincetown

Application for Food Service Permit

PART I - TO BE FILLED IN BY APPLICANT

Applicant (check one)  private individual, organization or business  non-profit organization  
[must attach copy of Form 501(3)(c)]

Type of Application  New  Renewal

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative or Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Business:  Food Service Establishment  Food Service: Take Out  Retail Food Sales  
(Check all that apply)  Manufacturer of Candies  Manufacturer of Beverages  Manufacturer of Ice Cream  
 B&B/Inn/Guest House  Catering  Bakery

Seating Capacity: \_\_\_\_\_

Description of food/beverage to be prepared/ sold: (be specific)

Names of manager/supervisor certified in food safety (please provide ServSafe Certificate):

Names and position of employees trained and certified in Choke-Saving technique (required 25 seats or more):

I agree to any conditions specified by the Board of Health. I agree to adhere to the Provincetown General By-Laws, the Provincetown Zoning By-Laws, and all local, state and federal rules and regulations.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

PART II - TO BE FILLED IN BY AUTHORIZED TOWN AGENT

Board of Health Comments or Conditions:  Approved  Not Approved

Type of Food Service Permit issued:  Food Service Establishment (Common Vic)  Food Service/Retail Sales  
 Caterer  Manufacturer of Ice Cream  Manufacturer of Baked Goods  Manufacturer of Juice/Frozen Beverage  
 Food Service: Take Out  Residential Kitchen: Full Breakfast  Residential Kitchen: Continental Breakfast

Health Inspector/Agent \_\_\_\_\_ Date \_\_\_\_\_