



SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

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OFFICIAL
USE ONLY

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
 - Manufacturer of Candies
 - Manufacturer of Beverages
 - Manufacturer of Ice Cream
 - B&B/Inn/Guest House
 - Catering
 - Bakery
- (Check all that apply)*

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