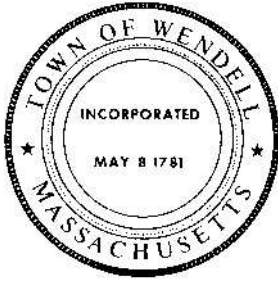


Temporary Food Permit (Single event 1 – 14 days)

Fee: \_\_\_\_\_ Please make check payable to Town of Wendell



Board of Health  
TOWN OF Wendell  
9 Morse Village Rd, Wendell, MA 01379  
Tel. No. 978-544-3395 ext. 106

Permit Number: \_\_\_\_\_

MOBILE FOOD UNIT / PUSH CART PLAN AND OPERATION REVIEW

\_\_\_\_ MOBILE FOOD UNIT      \_\_\_\_ PUSH CART      \_\_\_\_ OTHER

APPLICANTS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TYPE OF FOOD TO BE SOLD: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BASE OF OPERATION (IF APPLICABLE)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / TOWN: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

OWNER / MANAGER: \_\_\_\_\_

TYPE OF ESTABLISHMENT: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_