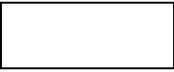




SUBMIT COMPLETED FORM TO THE BOARD OF HEALTH

**Town of Truro**

**Application for Food Service Permit**



DATE RECEIVED  
OFFICIAL  
USE ONLY

**PART I - TO BE FILLED IN BY APPLICANT**

**Applicant:** (check one)  New  Renewal **Date:** \_\_\_\_\_

**Type of Food Service Establishment :**

- Food Service (restaurant or take out)
- Retail Food (commercially prepared foods)
- Residential Kitchen
- Bed & Breakfast
- Continental Breakfast
- Mobile Food Vendors or Pushcart
- Catering
- Frozen Dairy Dessert Machine
- Ice Cream Truck **\*\*Please note, a food service permit for an Ice Cream Truck cannot be issued until an Ice Cream Truck Vendor Permit is obtained from the Chief of Police\*\***

**Name of Food Establishment:** \_\_\_\_\_

**Address of Food Establishment:** \_\_\_\_\_

**Address for Base of Operations for Caterers and Mobile Food or**

**Pushcarts:** \_\_\_\_\_

**Authorized Representative or Contact** } Name: \_\_\_\_\_  
 } Address: \_\_\_\_\_

**Telephone** Days: (\_\_\_\_) \_\_\_\_\_ Evenings: (\_\_\_\_) \_\_\_\_\_

**Number of Seats:** Inside: \_\_\_\_\_ Outside \_\_\_\_\_

**Annual or Seasonal Operation:** \_\_\_\_\_

**Hours of Operation Mon-Fri:** \_\_\_\_\_:\_\_\_\_\_ To \_\_\_\_\_:\_\_\_\_\_

**Days Closed Excluding Holidays:**  
\_\_\_\_\_

**If Seasonal: Approximate Dates of Operation:** \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Food Service Establishments Conducting Food Preparation** (excludes retail food establishments that don't prepare food and continental breakfast).

**List Names of all staff with a Food Manager Certification:**

1. \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

