



City of Brockton Health Department

Robert F. Sullivan
MAYOR

Dr. Eno Mondesir
EXECUTIVE HEALTH OFFICER

TEMPORARY FOOD VENDOR APPLICATION FEE \$25.00

EVENT NAME: _____

EVENT DATE: _____

LOCATION: _____

ORGANIZATION NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

APPLICANTS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SERVE SAFE: Y N

NAME OF CERTIFIED PERSON: _____

ALLERGY AWARENESS CERTIFICATE: Y N

PERSON IN CHARGE: _____

COMPLETE LIST OF FOODS:

SIGNATURE: _____ DATE: _____

IF YOU WILL BE USING PROPANE YOU MUST CONTACT FIRE PREVENTION @508-583-2933 AFTER OBTAINING YOUR FOOD PERMIT

"City of Champions"

BROCKTON CITY HALL • 45 SCHOOL STREET • BROCKTON, MASSACHUSETTS 02301
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