TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

Fee $ _____
(See Page 2)

Application for Permit to Operate a Temporary Food Establishment on the Eastern States Exposition Grounds

Date: _____

Name of Establishment: _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

Name & Title of Applicant: _____

Name of Owner (if different from applicant): _____

If corporation or partnership, give name, title & home address of offices or partners.

Name	Title	Home Address

State of Incorporation: _____ Name & Address of Local Agent: _____

Name of Event on the Eastern States Exposition Grounds _____

Date(s) of Event on the Eastern States Exposition Grounds _____

Hours of Operation:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____	_____

Purpose of Permit: _____
(types of food)

_____

Food Safety Manager _____ **Expiration Date:** _____
Required by state regulations

Allergen Training Certification _____ **Expiration Date:** _____
Required by state regulations
www.mass.gov/dph/fpp

See other side →

If Restaurant: Number of Seats _____

Person Trained in Anti-Choking Procedures (if 25 seats or more). ☐ Yes ☐ No

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____

Social Security Number or Federal Identification Number Signature of Individual or Corporate Name

by _____
Corporate Officer (if applicable)

APPLICATIONS MUST BE RECEIVED IN THE OFFICE OF THE WEST SPRINGFIELD HEALTH DEPARTMENT NO LATER THAN THIRTY (30) DAYS BEFORE THE START OF THE EVENT.

Fee Schedule

Events 1 to 3 days in length - $25.00
Events 4 to 10 days in length - $50.00
Events over 10 days in length - $100.00

For Board of Health Use Only

Date Received	Date Inspected	Approved By	Permit # Issued
_____	_____	_____	_____