City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH
440 East Squantum Street
Quincy, MA 02171

ANDREW SCHEELE
COMMISSIONER OF PUBLIC HEALTH

Telephone: (617) 376-1270
Fax: (617) 376-1271

Please Contact Health Inspectors Prior to Filling Out: BILL DECARLI 617 376-1279

(Between Office Hours) 8:30 ï 9:30 am
11:30 ï 12 Noon
3:30 ï 4:30 pm

TEMPORARY FOOD PERMIT

Organization Applying For Permit:
Event: Date:
Location: Hours:
Menu (List particularly all meats, fish, poultry, egg, cheese and milk based dishes to be served. Describe how food is transported and held at required temperatures.) Use other side if necessary.

_____
_____
_____
_____
_____
_____
_____

Bathroom Facilities: Handwashing Facilities:

Name Manager/Contact Person:
Address: Tel. No:
Caterer: (Name and Address)

(No. Persons Served:)

_____
_____
_____

INSPECTOR ASSIGNED:_____

Complete all of the above and return by for approval by_____

TO: Quincy Health Department
440 East Squantum Street
Quincy, MA. 02171

Please Note:
Minimum Requirements Attached

Approved on: _____

Signed by: _____
Health Department Representative
(Commissioner or Food Inspector)