



# Town of Wilmington

## Board of Health

### Temporary Food Permit

Date \_\_\_\_\_

**PERMIT FEE: \$25**

Date(s) of Event: \_\_\_\_\_

Office Use Only

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

Amount Paid: \_\_\_\_\_

Check Number: \_\_\_\_\_

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

Received By: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone #: (\_\_\_\_\_) \_\_\_\_\_

Signature of Town of Wilmington Treasurer

Mailing Address (if different): \_\_\_\_\_

**\*\*Email Address (required):** \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name of Owner (if different): \_\_\_\_\_

Location of event: \_\_\_\_\_

What food is to be sold: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_

**\*\*PLEASE INCLUDE YOUR EMAIL AS WE WILL BE SENDING YOUR LICENSE VIA EMAIL.**