



Town of Wilmington

Board of Health

Temporary Food Permit

Date _____

PERMIT FEE: \$25

Date(s) of Event: _____

Name of Establishment: _____

Business Address: _____

Telephone #: (_____) _____

Office Use Only

Date Received: _____

Amount Paid: _____

Check Number: _____

Permit Number: _____

Received By: _____

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.**