Marli Caslli, MPH, MS Commissioner of Public Health

City of Quincy, Massachusetts

Thomas P. Koch, MAYOR

DEPARTMENT OF HEALTH

440 East Squantum St. Quincy, MA 02171

Telephone: (617) 376-1275 Fax: (617) 376-1271

Temporary Food Permit

Event:	Date:
Organization Applying:	Hours:
Location:	
Menu: (List particularly all meat,	ish, poultry, egg, cheese and milk based dishes to be served). Describe how
food is transported and held at req	uired temperatures. Use other side if necessary.
# of bathrooms: #	of handwashing facilities:
Manager/Contact person name: _	
Address:	Phone:
Caterer Name and Address:	# of persons served:
Emergency Phone Number:	
	eturn with check/money order of \$50.00 made payable to City of
Quincy. Send completed applicati	on to: Quincy Health Department
	440 East Squantum St
	Quincy, MA. 02171
Approved by:	Date:

Questions should be directed to: Quincy Health Department at (617) 376-1275.

You can scan the QR code using the camera app on any smart device in order to pay for your application.

