



*The COMMONWEALTH OF MASSACHUSETTS*  
**TOWN OF ACUSHNET**  
PARTING WAYS BUILDING  
130 MAIN STREET, ACUSHNET, MA 02743  
OFFICE OF THE  
**BOARD OF HEALTH**

**Robert Medeiros, Chairman**  
**David Davignon, Clerk**  
**Thomas Fortin, Inspector**  
**Joann DeMello, Senior Clerk**  
**Wanda Hamer, Senior Clerk**

**Joseph Correia, Health Agent**

**Telephone: (508) 998-0200**  
**Fax: (508) 998-0277**  
**<http://www.acushnet.ma.us>**

The following is required by the Board of Health as part of your application for your License:

Completed food application from BOH

Copy of Serv Safe Certificate and Allergen Awareness Certificate (all food vendors are required to have allergen awareness)

Copy of valid food/commissary/residential kitchen license from where the product is being prepared, made or stored

Copy of valid inspection report from that facility where you're licensed

Copy of food menu being served at festival

Please be advised, it is expected that during the inspection the following will be present:

All mechanical refrigeration/ freezer and coolers are required to have thermometers

Allergen Postings need to be located where they can be seen by patrons



**A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.)**

**B. Describe floor, wall and ceiling surfaces:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A large grid of graph paper with 20 columns and 20 rows. The grid is composed of small squares, with a slightly larger square in the top-left corner, likely for a title or header. The grid is empty and ready for use.

**BOARD OF HEALTH COMMENTS:**

PERMIT NUMBER	APPROVED BY:	DATE
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Copy to Applicant:        In Person        Mailed Date