

**Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018**



**Application for Function Hall Permit
Permit Fee: \$125.00**

(Please Print)

Name of Establishment: _____
Business Address: _____ Tel. No. _____
Mailing Address (If Different:) _____
Name & Title of Applicant: _____
Address of Applicant: _____
Name of Owner (If Different:) _____

If a corporation or partnership, give name & home address of officers or partners:

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>

***Application & fee must be received in health office five (5) days prior to One-Day Events**

State of Incorporation: _____ Name & Address of Local Agent: _____
Emergency Response Person Name: _____ Tel. No. _____

**** List names of all staff members ServSafe Certified and supply a copy of their certificate with this license filing:**

- _____
- _____

NOTE: A copy of your Certificate of Insurance must be attached to this application.

<u>Type of Establishment:</u>	<u>Fee:</u>	<u>Duration of Permit:</u>	<u>Amount to be Paid:</u>
Function Hall <input checked="" type="checkbox"/>	\$125.00	Annual <input checked="" type="checkbox"/>	\$125.00
TOTAL:			\$125.00

Do you have a dumpster? _____ Yes _____ No

Do you have a designated catered? _____ Yes _____ No

If yes, caterers name and address: _____

Signature of Applicant: _____
Home Telephone: _____