

TOWN OF WEST TISBURY BOARD OF HEALTH P.O. Box 278, 1059 State Road West Tisbury, Ma 02575 (508) 696-0105, (508) 696-0111 Fax

Fax (TO BE
PAID BY
WATER (ST)

Date 3/11/2020

Temporary Food Permit Application: Fee (\$75.00 per day/event) ****Effective 7/1/2018*****
Name of applicant: BLCCLEYS CATERING WHTER IST e-mail taylor@buckleyscatering commailing Address of Applicant: PO BOX 4149 VH, MA 02568  Name/Address of Event/Occasion: ARANGE HALL  Telephone Number: (508)693-3318 Emergency #(501) 310-3888  Name of Event/Occasion WATER IST COCKTAIL EVENT  Date(s)/Time of Event: AUGUST 12TH, 2020  Non-Profit: Yes No X Tax Exempt #  FOOD TO BE SERVED: (Use Additional Paper if Necessary)  List All Food served Source  SEE ATTACHED MENU - HORS D'OEUVRES
ACTION TAKEN: remit denied
Preparation/Cooking Facilities:  On Site: Yes X No Describe facilities & Equipment  GRANGE HALL KITCHEN, OUR OWN CONVECTION OVENS  Off Site: Yes X No If yes, Where?  52 EDGARTOWN -VH RD, OAK BLUFFS, MA 62557  (Attach a copy of current BOH License, if licensed in another Town)
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