## **CITY OF CAMBRIDGE**

## INSPECTIONAL SERVICES DEPARTMENT

831 Massachusetts Avenue Cambridge, MA 02139 617-349-6100

Location:  Business Owner  Name of Business:  Business Address:	
Date: Day of Week:  Name of Market: End Date: End Date:  Location: End Business Owner  Name of Business: Business Address: Fax #:  Email Address:	Inspectional Approval Sanitary Inspector  ATION
Date: Day of Week:  Name of Market: End Date: End Date:  Location: End Business Owner  Name of Business: Business Address: Fax #:  Email Address:	Sanitary Inspector  ATION
Date: Day of Week:  Name of Market: End Date: End Date:  Location: End Business Owner  Name of Business: Business Address: Fax #:  Email Address:	ATION
Date: Day of Week:  Name of Market: End Date: End Date:  Location: End Business Owner  Name of Business: Business Address: Fax #:  Email Address:	
Name of Market:  Name of Market Manager  Start Date:  Location:  Business Owner  Name of Business:  Business Address:  Phone #:  Email Address:	
Name of Market Manager  Start Date: End Date:  Location:  Business Owner  Name of Business:  Business Address:  Phone #: Fax #:	
Start Date: End Date:  Location:  Business Owner  Name of Business:  Business Address:  Phone #: Fax #:  Email Address:	
Location:  Business Owner  Name of Business:  Business Address:  Phone #: Fax #:	
Business Owner  Name of Business:  Business Address:  Phone #: Fax #:  Email Address:	
Name of Business:  Business Address:  Phone #: Fax #:  Email Address:	
Business Address:  Phone #: Fax #:  Email Address:	
Phone #: Fax #:  Email Address:	
Email Address:	
List all foodstuffs to be sold:	
Check if farmer's offering foods listed are exempt. Whole uncut fruit permits.	ts and vegetables do not require

Name of Person in Charge (ServSafe certified):		
Name of Person (Allergy Awareness certified)	:	
Must provide copy of ServSafe cert	tificate. Provide applicable permits or certificates.	
Food Sampling		
List foods to be sampled:		
Propane		
Fryolator		
Grill		
Wok		
Sternos		
Charcoal		
Propane Generator		
Diesel Generator		
Other		
All equipment using propane must ha	ve a quick disconnect.	
	•	
	Signature of Applicant	
	Date	