



# Inspectional Services Department Health Division

Mayor Michelle Wu

## Request For Waiver of Temporary Permit

I REQUEST THAT THE FEE FOR A TEMPORARY FOOD ESTABLISHMENT PERMIT BE  
WAIVED OR REDUCED. I UNDERSTAND THAT REQUEST MUST BE SUBMITTED AT LEAST  
SEVEN (7) DAYS PRIOR TO MY EVENT DATE FOR CONSIDERATION.

NAME OF EVENT: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_ Number of Permits to be Waived: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

REASON FOR WAIVER REQUEST (Select the applicable reason):

☐ The organizer for the event is a certified tax- exempt organization for charitable or other  
authorized tax-exempt purposes. Please explain and provide supplemental document(s)  
(required): \_\_\_\_\_

☐ The event is organized and operated by the City of Boston.

☐ Other (please explain): \_\_\_\_\_

WHAT IS THE ADMISSION FEE FOR YOUR EVENT? \_\_\_\_\_

WHAT PERCENT OF THE PROCEEDS WILL BE DONATED TO A CHARITABLE OR NONPROFIT  
ORGANIZATION? \_\_\_\_\_

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UNDER THE PAINS AND PENALTIES OF PERJURY, I AFFIRM THAT THE PRECEDING ANSWERS ARE  
TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

WRITTEN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED SIGNATURE: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*The Inspectional Services Department will respond to requests for fee waivers within 10 days. Thank  
you.*

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(FOR OFFICE USE ONLY)

FORM ACCEPTED BY \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_

APPROVED ☐

DENIED ☐