

APPLICATION FOR PERMIT

FOOD SERVICE ESTABLISHMENTS 2010

APPLICATION MUST BE FILLED OUT COMPLETELY

Name/Map/Lot _____

Mailing Address _____

Town/State/Zip _____

Business Address _____ State _____ Zip _____

Owner's Name _____ Home Tel. _____ E-Mail _____

Manager's Name _____ Home Address _____

(No. Street)

(Town)

(State) (Zip)

If Corporation or Partnership, give name, title and home address of officers or partners.

Name

Title

Home Address

Establishment is open _____ months a year. Total seating capacity _____ Take-out service only? _____

Name of Certified Food Handler (s) _____ P.I.C. _____

Does establishment have outside seating? _____ Seating Capacity _____ Is area enclosed? _____ Capacity _____

If seating capacity are over 25, person Chokesaver Certified _____

Applications for all licenses/permits required by the Board of Selectmen have been filed for the year 2010 yes _____ no _____

PLEASE CHECK PERMIT (S) YOU ARE APPLYING FOR:

Temporary Food Service

Caterer

Retail Food

Food Service

Mobile Unit

Residential Kitchen

Bed & Breakfast

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

* Signature of Individual or Corporate Name (mandatory)

By: Corporate Officer (mandatory, if applicable)

Social Security/ Federal Identification Number. **(MANDATORY)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C Section 49A.

Health Agent

Date

Date Received _____ By (initials) _____ Fee _____ Date Issued _____

PERMITS ARE NOT TRANSFERABLE FROM A PERSON OR A PLACE