

NEW APPLICATION

PAYABLE BY CHECK OR MONEY ORDER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
95 STATE STREET, SUITE 201
SPRINGFIELD, MA 01103

IN ACCORDANCE WITH THE STATUTORY AUTHORIZATION MASSACHUSETTS GENERAL LAW 94, THE UNDERSIGNED HEREBY APPLIES FOR: FOOD SERVICE ESTABLISHMENT () RETAIL FOOD ESTABLISHMENT () BAKERY PERMIT () CATERER () MOBILE FOOD/PUSH CART () MILK () FROZEN DESSERT () FOOD SERVICE - RESIDENTIAL ESTABLISHMENT ().

PLEASE PRINT OR TYPE

DATE: _____ TEL. NO. _____

ESTABLISHMENT NAME: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

NAME OF OWNER: _____ TEL. NO. _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP CODE

If corporation/partnership, give name, title, telephone number, and home address of officers or partners.

NAME	TITLE	HOME ADDRESS	TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYS/HOURS OF OPERATION: _____

___ 1. FOOD SERVICE ESTABLISHMENT: _____ FEE: \$100.00

#seats _____ #non-smoking seats (if #seats are 75 or more) _____

Staff trained in anti-choking procedures (if #seats are 25 or more)

Yes ___ No ___ If Yes, number trained _____.

___ 2. RETAIL FOOD ESTABLISHMENT: _____ FEE: \$100.00

___ 3. BAKERY PERMIT: _____ FEE: \$ 75.00

___ 4. CATERER: _____ FEE: \$100.00

Base of Operation _____
Licensed Food Service Establishment

5. MOBILE FOOD/PUSH CART: _____ FEE: \$100.00
Attach a list of handwash and toilet facilities available on each route.

Base of Operation _____
Licensed Food Service Establishment

6. MILK: _____ FEE: \$ 10.00

Where is milk or cream obtained:

NAME	ADDRESS
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7. FROZEN DESSERT: _____ FEE: \$ 5.00

List of Frozen Desserts: _____

8. FOOD SERVICE -- RESIDENTIAL ESTABLISHMENT: _____ FEE: \$100.00

PURSUANT TO M.G.L., CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY#OR FEDERAL I.D. #

CORPORATE NAME/SIGNATURE OF APPLICANT

NAME OF INDIVIDUAL COMPLETING FORM: _____

ADDRESS: _____

TELEPHONE: _____