



SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF ENVIRONMENTAL HEALTH  
311 STATE STREET  
SPRINGFIELD, MA 01105  
T: (413) 787-6740 FAX: (413) 787-6458

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

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

ESTABLISHMENT NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

MAILING ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

OWNER NAME: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_

OWNER LICENSE NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

IF CORPORATION/PARTNERSHIP, GIVE NAME, TITLE TELEPHONE NUMBER, AND HOME ADDRESS OF OFFICER OR PARTNERS.

NAME	TITLE	HOME ADDRESS	TELEPHONE
_____	_____	_____	_____

DAYS/HOURS OF OPERATION: \_\_\_\_\_

- FOOD SERVICE ESTABLISHMENT: \$175  FOOD SERVICE RESIDENTIAL \$100  
#SEATS \_\_\_\_\_  
STAFF TRAINED IN ANTI- CHOKING PROCEDURE
- BAKERY \$100
- (IF # OF SEATS IS 25 OR MORE)  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, NUMBER TRAINED \_\_\_\_\_
- RETAIL FOOD ESTABLISHMENT \$175  MILK \$25
- CATERER \$125 WHERE IS MILK OBTAINED: \_\_\_\_\_  
BASE OF OPERATION: \_\_\_\_\_  
LICENSED FOOD ESTABLISHMENT NAME ADDRESS
- MOBILE FOOD/PUSH CART \$40  
ATTACH A LIST OF HAND WASH/TOILET FACILITIES AVAILABLE ON EACH ROUTE.
- FROZEN DESSERT \$40  
FOR MADE AND SERVED ITALIAN ICES  
AND SOFT SERVE (NOT VENDOR  
PACKAGED ICE CREAM, DESSERTS, ETC.)
- FULL SERVICE MOBILE TRUCK \$250
- HOT DOG (ONLY) CART \$125
- BASE OF OPERATION \_\_\_\_\_  
LICENSED FOOD SERVICE ESTABLISHMENT

PURSUANT OF 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 BY LAW.

\_\_\_\_\_  
S.S.N. #/ FEDERAL ID #

\_\_\_\_\_  
CORPORATE NAME/ SIGNATURE OF APPLICANT

NAME OF INDIVIDUAL COMPLETING APPLICATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_