



SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
1145 MAIN STREET, SUITE 208
SPRINGFIELD, MA 01103
T: (413) 787-6740 FAX: (413) 787-6745

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
() FOOD SERVICE RESIDENTIAL () MILK () FROZEN DESSERT ()

DATE: _____

ESTABLISHMENT NAME: _____ TEL: _____

ADDRESS: _____
STREET CITY STATE ZIPCODE

MAILING ADDRESS: _____
STREET CITY STATE ZIPCODE

OWNER NAME: _____

OWNER ADDRESS: _____

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

NAME	TITLE	HOME ADDRESS	TELEPHONE

DAYS/HOURS OF OPERATION: _____

- | | |
|---|---|
| <input type="checkbox"/> FOOD SERVICE ESTABLISHMENT: \$175
#SEATS _____
STAFF TRAINED IN ANTI- CHOKING PROCEDURE

(IF # OF SEATS IS 25 OR MORE)
YES ___ NO ___ IF YES, NUMBER TRAINED _____ | <input type="checkbox"/> FOOD SERVICE <u>RESIDENTIAL</u> \$100 |
| <input type="checkbox"/> RETAIL FOOD ESTABLISHMENT \$175 | <input type="checkbox"/> BAKERY PERTMIT \$100 |
| <input type="checkbox"/> CATERER \$125
BASE OF OPERATION: _____
LICENSED FOOD ESTABLISHMENT | <input type="checkbox"/> MILK \$25
WHERE IS MILK OBTAINED:
NAME _____ ADDRESS _____ |
| <input type="checkbox"/> MOBILE FOOD/PUSH CART
ATTACH A LIST OF HAND WASH/TOILET FACILITIES AVAILABLE ON EACH ROUTE.

FULL SERVICE CART \$250
HOT DOG (ONLY) CART \$125
BASE OF OPERATION _____
LICENSED FOOD SERVICE ESTABLISHMENT | <input type="checkbox"/> FROZEN DESSERT \$40

FOR MADE AND SERVED ITALIAN ICES
AND SOFT SERVE (NOT VENDOR
PACKAGED ICE CREAM, DESSERTS, ETC.) |

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: _____