

The Commonwealth of Massachusetts

North Adams

APPLICATION FOR PERMIT to OPERATE A FOOD ESTABLISHMENT

(Payment is due with Application)

Date \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

If corporation or partnership:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Incorporation \_\_\_\_\_

Name & Address of Local Agent \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Person \_\_\_\_\_

Duration of Permit                      Annual              Temporary              Seasonal

Date of Operation (if not ANNUAL) \_\_\_\_\_

<u>Type of Establishment</u>	<u>Fee</u>	<u>Amount</u>
Retail	_____	_____
Food Service	_____	_____
Caterer	_____	_____
Mobile	_____	_____
Residential Kitchen	_____	_____
Milk & Cream	_____	_____

\*Applications for Mobile Food Units or Pushcarts must include a list of hand wash and toilet facilities available on each route (Attach separate sheet)

\*Additional Information

Water Source \_\_\_\_\_

Sewage Disposal \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

Restaurant (Number of Seats) \_\_\_\_\_

Person Trained in Anti-Choke Procedures (25 seats or more) Yes / No

Signature of Applicant \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, sec 49A, I certify under the penalties of perjury that, to my best knowledge and belief, we have filed all state tax returns and paid all state taxes required under law.

Federal Identification Number \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

By Corporate Officer (if applicable) \_\_\_\_\_