

TOWN OR CITY OF NORTH ADAMS

Application for Permit to Operate a Food Establishment

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, give name, title & home address of officers or partners.

Name Title Home Address

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person: Name _____ Home Phone _____

Type of Establishment	Fee	Duration of Permit	Amount To Be Paid
Retail Food <input type="checkbox"/>	_____	Annual <input type="checkbox"/>	_____
Food Service <input type="checkbox"/>	_____		_____
Caterer <input type="checkbox"/>	_____	Temporary <input type="checkbox"/>	_____
Mobile Food* <input type="checkbox"/>	_____		_____
Residential <input type="checkbox"/>	_____	Seasonal <input type="checkbox"/>	_____
Milk & Cream <input type="checkbox"/>	_____		_____
TOTAL:			_____

Dates of Operation if not Annual: _____

PAYMENT IS DUE WITH APPLICATION

* Applications for mobile food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

Additional Information

Water Source _____ Sewage Disposal _____

Days & Hours of Operation _____

(over)

If Restaurant:

Number of Seats _____ Number of Non-Smoking Seats _____

Person Trained in Anti-Choking Procedures (if 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 I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

by _____
Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued
