TOWN OF MARBLEHEAD

Board of Health

www.marblehead.org/health

Michelle Gottlieb, Chair
Helaine R. Hazlett
Todd Belfbecker
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APPLICATION FOR PERMIT FOOD SERVICE ESTABLISHMENT 2018

APPLICATION MUST BE FILLED OUT COMPLETELY

Establishment Name_____

Mailing Address_____

Town / State / Zip _____

Business Address _____ State _____ Zip _____

Owner's Name _____ Home Tel. _____ E-Mail _____

Manager's Name _____ Cell / Email __ _____

If Corporation or Partnership, give name, title and home address of officers or partners.

Name Title Home Address

_____

_____

Establishment is open _____ months a year. Total seating capacity _____ Take-out service only? _____

Name of Certified Food Handler(s) P.I.C_____ 2. _____

3._____ 4. _____5._____

If seating capacity are over 25, person Chokesaver Certified _____

Applications for all licenses/permits required by the Board of Selectmen have been filed for the present year yes ___ no____

PLEASE CHECK PERMIT (S) YOU ARE APPLYING FOR:

( ) Food Service $175.00
( ) Retail Food $150.00
( ) Mobile Unit $50.00
( ) Residential Kitchen $175.00
( ) Farmers Market $50.00
( ) Food Service and Retail Food $180.00
( ) Caterer $50.00
( ) Mobile Unit Ice Cream $50.00
( ) Bed & Breakfast $175.00
( ) Milk / Cream $2.00

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.

_____ _____

*Signature of Individual or Corporate Name (mandatory) By: Corporate Officer (mandatory, if applicable)

_____ _____

Social Security / Federal Identification Number **(MANDATORY) MA Hawkers License #

***This license will not be issued unless this certificate clause is signed by the applicant.

**Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C Section 49A.

_____ _____

Director of Public Health Date

Date Received _____ By (initials) _____ Fee _____Date Issued_____

PERMITS ARE NOT TRANSFERABLE FROM A PERSON OR A PLACE