



# TOWN OF MARBLEHEAD

## Board of Health

[www.marblehead.org/health](http://www.marblehead.org/health)

Helaine R. Hazlett, Chair

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APPLICATION FOR PERMIT

FOOD SERVICE ESTABLISHMENT 2024

**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

☐ Food Service and Retail Food \$180.00

☐ Retail Food \$175.00

☐ Caterer \$175.00

☐ Mobile Unit \$175.00

☐ Food Service and Caterer \$180.00

☐ Bed & Breakfast \$175.00

☐ Food Service, Retail Food and Caterer \$185.00

☐ Milk / Cream \$2.00

☐ Food Manufacturing \$180.00

☐ Farmers Market \$50.00

☐ Retail Residential Kitchen \$175.00

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**