

**FOOD HANDLER PERMIT
APPLICATION FORM**

Please complete, sign and return this form to the Health Department along with:
Food Safety Certification, Allergen Awareness Certification, State required Workers Compensation Insurance Affidavit form, and if applying for a Mobile food permit a copy of your State Hawker and Peddler License is required.

Applications will not be accepted unless all items are enclosed

(Please contact Selectmen's office for Common Victualler license 781-834-5563)

Total fee \$ _____ Months of operation _____
Type of Permit:
Retail Food _____ Mobile _____ Restaurant Food _____ Residential Kitchen _____ Take Out _____ Catering _____ Service Organization _____
1 - 25 seats _____ 25 - 50 seats _____ 50 - 100 seats _____ Over 100 seats _____ N/A _____

***PLEASE PRINT CLEARLY**

Name of Establishment _____

Tax. ID # _____ Email Address: _____

Business location address _____

Business Telephone # _____ Fax # _____

Complete Mailing address _____

(If different from above) _____

Hours of operation _____

Contact Person _____

Emergency Phone # _____ Cell Phone # _____

Pursuant to M.G.L. Ch 62C, Sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law. (Must be filled out and signed)

Signature of Individual or Corporate Name _____

By _____

Corporate Officer (If applicable)

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

NAME

TITLE

HOME ADDRESS

State of incorporation _____ Name & address
of local agent _____

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

Signature _____ Date _____