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

________________________________________
Name & address

State of incorporation of local agent__________________________________

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