

The Commonwealth of Massachusetts
Town of Pembroke, Massachusetts

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT
Please print clearly and fill out completely.

Name of Establishment: _____ Phone #: _____

Business Address: _____ (# street) _____ (P.O. Box #)

(City/Town) (State) (Zip)

Mailing Address (if different): _____ (# street) _____ (P.O. Box #)

(City/Town) (State) (Zip)

Name / Title of Applicant: _____

Name of Owner (if different from Applicant): _____

If Corporation or partnership, give name, title and home address of officers or partners: (use back of form if necessary)

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone #</u>
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Emergency Contact: _____ Phone #: _____

<u>Type of license</u>	<u>Fee</u>	<u>Amount Due</u>
Bakery	\$ 75.00	_____
Camp	\$ 50.00	_____
Canteen / Mobile Food	\$ 25.00	_____
Caterer	\$ 25.00	_____
Food Service (non-packaged)	\$ 75.00	_____
Manufacturing	\$100.00	_____
Milk	\$ 10.00	_____
Retail Food (in package)	\$ 75.00	_____
Soft Ice Cream	\$ 50.00	_____
Tobacco	\$ 35.00	_____

License #
Do not write here.

TOTAL DUE: _____

Duration of Permit: _____ Annual _____ Seasonal _____ Temporary

Days of operation: Su Mo Tu We Th Fr Sa Hours: _____

Pursuant to MGL-Chapter 62C-Section 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 by law.

Social Security / Federal ID# _____ Signature _____

I, the undersigned, have received, read, and understand the **Massachusetts State Sanitary Code for Food Establishments Article 10 for the Town of Pembroke**. A copy is kept on the business premises and can be shown to the Health Agent upon the Agent's request.

(Establishment Owner/Manager signature)