

The Commonwealth of Massachusetts
Town of Pembroke, Massachusetts

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Please print clearly and fill out completely.

* A copy of the 2005 Federal Food Code should be onsite for easy reference by managers and other employees.

Name of Establishment: _____ Phone #: _____

Contact email address: _____

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: (attach separate sheet 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	_____
Bed&Breakfast/Inns/Motel	\$ 100.00	_____
Camp	\$ 150.00	_____
Canteen / Mobile Food	\$ 50.00	_____
Caterer	\$ 75.00	_____
Day Camp	\$ 50.00	_____
Food Service (<i>prepared food</i>)		
0 – 75 seats	\$ 100.00	_____
76+ seats	\$ 150.00	_____
Manufacturing	\$ 100.00	_____
Milk	\$ 10.00	_____
Retail Food (<i>Prepackaged with/without time/temperature control for safety</i>)		
With time/temp control	\$ 100.00	_____
Without time/temp control	\$ 50.00	_____
Soft Ice Cream	\$ 50.00	_____
Tobacco	\$ 75.00	_____

TOTAL DUE: _____

Duration of Permit: _____ Annual _____ Seasonal _____ Temporary

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

Do not write here

License #

CONTINUED ON BACK

Please complete the tax certification form below and return it with this notice and your payment to the Board of Health, 100 Center Street, Pembroke, MA 02359. You may mail or bring this notice to the office to pay for your license by the date on your renewal letter. Approved permits will be mailed to the mailing address provided. The office is open from 8:30 a.m. to 7:00 p.m. on Mondays only, and Tuesday through Friday from 8:30 a.m. to 4:30 p.m. Please call the Board of Health at 781-293-2718 prior to visiting to verify current hours of operation.

CERTIFICATION OF TAX PAYMENT

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.

Signature of Individual **(Mandatory)**

By: Corporate Officer **(Mandatory if Applicable)**

Social Security Number or Federal Identification Number

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 delinquent taxes will be subject to license suspension or revocation. This request is made under the authority of M.G.L. Chapter 62C, Section 49A.

This license will not be renewed unless this certification clause is signed by the applicant.