

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF UPTON

Mail to: B.O.H., 1 Main Street, Box 3, Upton, MA 01568
Checks payable: Town of Upton

Application for Permit to Operate a Food Establishment

Date _____

Name of Establishment _____

Business Address _____

Mailing Address _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (if different from applicant) _____

If corporation or partnership, give name, title & home address of officers or partners.

Name Title Home Address

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person: Name _____ Phone _____

<u>Type of Establishment</u>		<u>Duration of Permit</u>		<u>Amount to be Paid</u>
Retail Food	<input type="checkbox"/>	Annual	<input type="checkbox"/>	<u>\$125.00</u>
Food Service	<input type="checkbox"/>			
Caterer	<input type="checkbox"/>	Temporary	<input type="checkbox"/>	<u>\$20.00</u>
Mobile Food*				
Residential	<input type="checkbox"/>	Seasonal	<input type="checkbox"/>	\$ <u>\$50.00</u>

PAYMENT IS DUE WITH APPLICATION

Dates of Operation if Not Annual: _____

Water Source _____ Sewerage Disposal _____

Days & Hours of Operation _____

If Restaurant:

Number of Seats _____ Number of Non-Smoking Seats _____

Person Trained in Anti-Choking Procedures (if 25 seats or more). Yes _____ No _____

Signature of Applicant

Pursuant to M.G.L. Ch. 62C, sec. 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 under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

by _____
Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued