



Town of Salisbury, MA

BOARD OF HEALTH

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT, RETAIL SALES, CATERING, SALE OF MILK AND FROZEN DESSERT

Name of Establishment: _____

Address of Establishment: _____ Tel#: _____

Name & Title of Applicant: _____

Address of Applicant: _____ Tel#: _____

Name of Owner (If Different from Applicant): _____

If Corporation or Partnership, give name, title & home address of officers or partners

Name

Title

Home Address

Type Establishment

Fee

Total Amount

ROUTINE INSPECTIONS: 2/year \$150.00

ADDITIONAL:

LICENSE TYPE:

Food Service [] \$100.00 + \$1.00 per seat
(\$200.00 Maximum) _____

Retail Food [] \$150.00 _____

Caterer [] \$175.00 _____

Mobile Food [] \$150.00
(*Complete reverse side) _____

Residential Food [] \$160.00 _____

Milk & Cream [] \$10.00 _____

Frozen Dessert [] \$10.00 _____

TOTAL DUE \$ _____

Dates of Operation if not Annual:_____

Payment is DUE with Application

*** Mobile Food Additional Information**

* **Water Source:** _____ **Sewage Disposal:** _____

* **Bathroom Facilities:**_____

* **Days and Hours of Operation:** _____

FOOD ESTABLISHMENTS: **Date of last grease trap clean out:** _____
Attach Copy of contractor's receipt.

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.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE _____

The following signatures must be obtained before the health officer will conduct the final inspection and issue a license or permit. The signature of the Tax Collector is required since all licenses, permits, and procedures rely upon taxes and sewer charges being made to date.

Assessor's Office / Personnel Property Acct. _____ Map/Lot No. _____

Tax Collector, Christine Caron

Tax Collector Signature Required