

TOWN OF EASTON



BOARD OF HEALTH
136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

APPLICATION FOR PERMIT TO OPERATE FOOD MARKET

Name of Establishment: _____

Location of Operation: _____ Zip Code: _____

Telephone No: __(__)_____ Fax: __(__)_____

Mailing Address (if different): _____ Zip Code: _____

Name of Applicant: _____

Telephone No.: (____) _____ Applicant Address: _____

Type of Ownership: Individual Corporation Association Partnership Other _____

If Corporation, Association or Partnership, name, title & home address of officers or partners must be provided

Applicant Signature: _____

Federal Tax I.D. Number (FEIN) _____

		<u>Fee</u>	<u>Duration of Permit</u>	
Retail Food	<input type="checkbox"/>	<u>\$225.00</u>	Annual	<input type="checkbox"/>
Deli	<input type="checkbox"/>	<u>\$175.00</u>		
Bakery	<input type="checkbox"/>	<u>\$175.00</u>	Temporary	<input type="checkbox"/>
Seafood	<input type="checkbox"/>	<u>\$175.00</u>		
Butcher	<input type="checkbox"/>	<u>\$175.00</u>		
Hot/Cold Prepared Foods	<input type="checkbox"/>	<u>\$175.00</u>	Seasonal	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	<u>\$175.00</u>		

TOTAL _____

PAYMENT IS DUE WITH APPLICATION, PAYABLE TO TOWN OF EASTON*

***All renewal permits not received by January 1st will be assessed a late fee of \$50.00 per month**

OFFICE USE ONLY

COMMENTS

- _____ Payment of Fee
- _____ Workers' Comp. Affidavit
- _____ Workers' Comp. Dec. Pg.
- _____ Menu/List of Foods Served
- _____ Floor Plan
- _____ Serv Safe Cert.
- _____ Food Allergen Cert.
- _____ Dumpster Appl.
- _____ Tobacco Appl.

Office Initial - Appl. Complete _____