

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

		<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 1<sup>st</sup> will be assessed a late fee of \$50.00  
OVER**

Permit # \_\_\_\_\_

Additional Information

Name of Certified Food Manager: \_\_\_\_\_ Cert. Expires: \_\_\_\_\_

Please enclose a copy of certificate.

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law. I certify that the information provided here is accurate. I agree to allow access to this establishment and its records as specified in 105 CMR 590.000. I agree to comply with the requirements of 105 CMR 590.000.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number or Federal Identification Number

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**FOOD SERVICE: PROVIDE MENU AND UPDATED FLOOR PLAN. ALSO PROVIDE SERV SAFE CERT., IF ANY CHANGES FROM PREVIOUS YEAR.**

**TEMPORARY FOOD: PROVIDE LIST OF FOODS SERVED**

Days and Hours of Operation: \_\_\_\_\_

Dates of Operation of Not Annual: \_\_\_\_\_

OFFICE USE ONLY

COMMENTS

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

Office Initial - Appl. Complete \_\_\_\_\_