

TOWN OF EASTON



BOARD OF HEALTH

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

APPLICATION FOR RENEWAL OF PERMIT TO OPERATE A FOOD ESTABLISHMENT

Name of Establishment: _____

Location _____

Telephone No.: (____) _____ Mailing Address (if different): _____

Owner: _____ D. O. B. ____/____/____

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

On-Site Manager _____ Telephone No.: (____) _____

Manager's Immediate Supervisor: _____ Telephone No.: (____) _____

Name of Certified Food Manager: _____ Cert. Expires: _____

Name of Food Allergen Certificate Holder _____ Cert. Expires: _____

Type of Ownership: Individual Corporation Association Partnership Other _____
If Corporation, Association or Partnership, name, title & home address of officers or partners must be provided.

Days and Hours of Operation: _____ Water Source: _____

PROVIDE MENU AND UPDATED FLOOR PLAN IF THERE HAVE BEEN ANY CHANGES.

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.

Applicant Signature _____ Federal Tax Id Number (FEIN) _____

The following food permits will expire on December 31, 2011. To renew, complete this application and submit with payment. All Checks 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 _____