

NEW APPLICATION

PAYABLE BY CHECK OR MONEY ORDER



SPRINGFIELD DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
95 STATE STREET, SUITE 201
SPRINGFIELD, MA 01103
(413) 787-6741 : (413) 787-6458 FAX : (413) 787-6745 TTY

IN ACCORDANCE WITH THE STATUTORY AUTHORIZATION MASSACHUSETTS GENERAL LAW 94, THE UNDERSIGNED HEREBY APPLIES FOR: FOOD SERVICE ESTABLISHMENT () RETAIL FOOD ESTABLISHMENT () BAKERY PERMIT () CATERER () MOBILE FOOD/PUSH CART () MILK () FROZEN DESSERT () FOOD SERVICE/RESIDENTIAL ESTABLISHMENT ().

PLEASE PRINT OR TYPE

DATE: _____

ESTABLISHMENT NAME: _____ TEL: _____

ADDRESS: _____
STREET CITY STATE ZIP CODE

MAILING ADDRESS: _____
STREET CITY STATE ZIP CODE

OWNER NAME: _____

OWNER ADDRESS: _____
STREET CITY STATE ZIP CODE

If corporation/partnership, give name, title telephone number, and home address of officers or partners.

NAME	TITLE	HOME ADDRESS	TELEPHONE

DAYS/HOURS OF OPERATION: _____

- FOOD SERVICE ESTABLISHMENT:**
 - #seats _____
 - Staff trained in anti-choking procedure \$175
(if #seats are 25 or more)
Yes _____ No _____ If Yes, number trained _____
- FOOD SERVICE/RESIDENTIAL** \$100
- BAKERY PERMIT** \$100
- MILK**
 - Where is milk obtained: \$25
 - NAME _____ ADDRESS _____
- RETAIL FOOD ESTABLISHMENT** \$175
- CATERER** \$125
 - Base of Operation _____
Licensed Food Service Establishment
- FROZEN DESSERT** \$40
 - For made and served Italian ices and soft serve ice cream (not vendor packaged ice cream, desserts, etc.)
- MOBILE FOOD/PUSH CART**
 - Attach a list of hand wash/toilet facilities available on each route.
 - Full Service Cart \$250
 - Hot Dog (Only) Cart \$125
 - Base of Operation _____
Licensed Food Service Establishment

Pursuant of M.G.L. Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state returns and paid all state taxes required under law.

SOCIAL SECURITY #/
FEDERAL ID #

CORPORATE NAME/SIGNATURE
OF APPLICANT

NAME OF INDIVIDUAL COMPLETING FORM: _____

ADDRESS: _____

TELEPHONE: _____