Billerica Health Department

Town Hall
365 Boston Road
Billerica, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

Application for Permit to Operate a Food Establishment

Name of Establishment _____Date _____
Business Address _____Telephone # _____
Mailing Address (if different) _____
E-Mail Address _____
Name & Title of Applicant _____Telephone # _____
Address of Applicant _____
Name of Owner (if different from applicant) _____
If corporation or partnership, give name, title & home address of officers or partners

Name	Title	Home Address

State of Incorporation_____ Name & Address of Local Agent _____
Emergency Person: Name _____Home #_____Cell #_____

Type of Establishment	Check all that apply	Duration of Permit		Amount To Be Paid
Retail Food	_____	Annual	_____	_____
Food Service	_____			_____
Caterer	_____	Temporary	_____	_____
Residential	_____			_____
Limited Retail Prepackage	_____	Seasonal	_____	_____
Mobile *	_____			_____
			TOTAL:	_____

Dates of Operation if not Annual _____**PAYMENT IS DUE WITH APPLICATION**

- **Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach a separate sheet.**

Water Source _____ Sewage Disposal _____

Days & Hours of Operation _____
If Restaurant: Number of seats _____

Person trained in Anti-Choking Procedures (if 25 seats or more) Yes ____ No ____ Date of Training _____
Name of Certified Food Protection Manager _____ Date of Certification _____

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

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.

_____
Federal Identification Number

_____
Print Name of Individual or Corporate Name

_____
Signature of Individual or Corporate Name

by_____
Corporate Officer (if applicable)

RECEIVED