

# General Application

Date: \_\_\_\_\_

Permit For \_\_\_\_\_

Name Of Applicant \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address(if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

Name of Owner(if different from applicant) \_\_\_\_\_

If corporation or partnership, give name, title, & home address of officers or partner.

Name	Title	Home Address
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\_\_\_\_\_

State of Incorporation	Name & Address of Local Agent
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Emergency Response Person: Name \_\_\_\_\_ Home Phone \_\_\_\_\_

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.

Social Sec. # or Federal I D # \_\_\_\_\_ Signature of Individual or Corporate Name \_\_\_\_\_

by \_\_\_\_\_  
Corporate Officer( if applicable)

FOR BOARD OF HEALTH USE ONLY			
Date Received	Date Inspected	Approved By	Permit #

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