

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

THE COMMONWEALTH OF MASSACHUSETTS

License Fee: \$50.00
Payable to Town of Merrimac

TOWN OR CITY OF MERRIMAC

Food Service, Non-PHF, Retail, Application

(Application must be submitted at least 30 days before the planned opening date)

1. Establishment Name:																
2. Establishment Address:																
3. Establishment Mailing Address (if different):																
4. Establishment Telephone No:																
5. Applicant Name & Title:																
6. Applicant Address:																
7. Applicant Telephone No:	24 Hour Emergency No:															
8. Owner Name & Title (if different from applicant):																
9. Owner Address (if different from applicant):																
10. Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity _____	11. If a Corporation or Partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address												
Name	Title	Home Address														
12. Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)																
Name & Title:																
Address:																
Telephone No:																
Emergency Telephone No:	Fax:															
13. District or Regional Supervisor <i>(if applicable)</i>																
Name & Title:																
Address:																
Telephone No:	Fax:															