



**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860

Annual Fee: \$50.00
Payable to Town of Merrimac

APPLICATION FOR LICENSE TO OPERATE A MOBILE FOOD SERVER

Application is made for a license to sell food products from a mobile food server in the Town of Merrimac.

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

CONTACT NAME: _____ TEL. NO. _____

MAILING ADDRESS: _____

E-Mail: _____

If applicant is a partnership, full name and address of all partners:

If applicant is a corporation: _____ State of Corp. _____

President _____

Treasurer _____ Clerk _____

CERTIFIED FOOD MANAGER: _____

(Include copy of certification.)

Effective Date: _____ Exp. Date _____

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Code.

Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

Social Security Number or Federal ID Number: _____

Signature of Individual or Corporate Name: _____

License expires December 31.