



Merrimac Board of Health  
2-8 School Street  
Merrimac, MA 01860  
Tel. (978) 346-4066 / Fax (978)-346-0527

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**APPLICATION FOR LICENSE TO PEDDLE - \$30. 00**

TYPE OF GOODS SOLD \_\_\_\_\_ Name of Establishment: \_\_\_\_\_  
Address of Establishment: \_\_\_\_\_ Name & Title of OWNER: \_\_\_\_\_  
SSN# OR FED ID# \_\_\_\_\_ Tel./Cell: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

Water Source: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_ Bathroom Facilities: \_\_\_\_\_

Name(s) of Certified Food Manager(s):

\_\_\_\_\_ Tel. \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_

Name(s) of Designated Person(s) in Charge:

\_\_\_\_\_ Tel. \_\_\_\_\_  
\_\_\_\_\_ Tel. \_\_\_\_\_

Copies of the following must be submitted with this application:

1. Copy of existing food service license
2. Copy of Certified Food Protection Certificates for the above-named individual(s)
3. Menu item(s) & equipment layout (hand washing facilities at site, flooring, fire extinguisher, refrigeration, equipment labeling, sanitizers, etc.)
4. Certificate of Insurance of General Liability with Product Liability

Emergency Response Person Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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Print Name

Signature

Date