



**TOWN OF MERRIMAC
BOARD OF HEALTH**
2 School Street
Merrimac, MA 01860
Tel: 978-346-4066

Annual Fee: \$50.00
Payable to Town of Merrimac

APPLICATION FOR A CATERER'S LICENSE

All of the following questions must be completed in full and returned to this office with the required license fee before a license will be issued.

I hereby apply for a license to operate a Catering Facility.

Name to appear on the license (including dba if any): _____

Name of Establishment _____ Tel. No. _____

Business Address _____

Mailing Address _____

Business Telephone: _____ Fax: _____

E-mail: _____

___ Individual ___ Partnership ___ Corporation

Owner's/Manager's Name _____ Emergency Tel. _____

Home Address: _____ Tel. No. _____

State the address where the vehicle(s) are usually garaged or kept.

Date of Inspection of Facility _____

Board of Health Inspector: _____

Facility Approved ___ Disapproved ___

I hereby certify that I have received, read and understand the Requirements of Codes of Massachusetts Regulations, 105 CMR 590.009, Catering Facilities.

Signed: _____

Date _____

Print Name _____

SSN or FIN No. _____

License Expires December 31.