



# Town of Lakeville

Board of Health

346 Bedford Street

Lakeville, MA 02347

Board of Health  
(508) 946-3473  
(508) 946-8805  
(508) 946-3971 fax

## APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name & Title of Applicant: \_\_\_\_\_ PH: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

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

Address of Owner: \_\_\_\_\_

**If Corporation or Partnership, give Name, Title & Home Address of Officers or Partners**

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Response Person:  
Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Annual    Temporary    Seasonal

(Dates of Operation, if not Annual \_\_\_\_\_)

### Type of Establishment:

- Food Service     <25 Seats - \$200     25-50 Seats - \$300     >50 Seats - \$400
- Retail Food    **\$100 per 5000 sq. ft.**
- Temporary/Retail Only    **\$25 per day**
- Mobile Food\*    **\$150**
- Temporary (Limited to hot dog steamer and popcorn):    **\$50 per day**
- Temporary - (larger scale fairs, multiple food vendors:    **\$75 per vendor** (Not to exceed 1 wk)
- Residential    **\$150**
- Caterer    **\$150** Address of Function: \_\_\_\_\_

*\* Applications for mobile food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.*

➤ **PLEASE COMPLETE BOTH SIDES OF APPLICATION**

**Additional Information:**

Water Source: \_\_\_\_\_ Sewage Disposal Type: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

**If Restaurant:** Number of Seats: \_\_\_\_\_

Person Trained in Anti-Choking Procedures? (*For 25 seats or more*) Yes \_\_\_\_\_ No \_\_\_\_\_

Person Trained in Allergen Awareness? (Effective 2/2011) Yes \_\_\_\_\_ No \_\_\_\_\_  
(attach copy of certificate)

Individuals trained in Food Safety: (**Attach copies of certificate**)

\_\_\_\_\_ Certificate Expires: \_\_\_\_\_

\_\_\_\_\_ Certificate Expires: \_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
*Signature of Applicant*

**THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS**

*Pursuant to Massachusetts General Law, Chapter 62C, Section 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 Security Number or Federal Identification Number*

\_\_\_\_\_  
*Signature of Individual or Corporate Name*

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

\_\_\_\_\_  
**(FOR BOARD OF HEALTH USE ONLY)**

**License #:** \_\_\_\_\_ **Approved on:** \_\_\_\_\_ **20** \_\_\_\_\_

**Fee:** \_\_\_\_\_ **CK #:** \_\_\_\_\_ **Rec'd by:** \_\_\_\_\_