

Permit#

Check#

FEE \$

Town of Barre
Board of Health
40 West Street Box 431
Henry Woods Building
Barre, Massachusetts 01005
E-mail – boardofhealth@townofbarre.com
Phone 978-355-2504 x 117

APPLICATION FOR FOOD PERMIT

Date: _____

Name of Establishment: _____

Business Address: _____

Telephone: _____ Fax: _____

Email **REQUIRED**: _____

Mailing Address (if different): _____

Name of Owner: _____ Telephone: _____

Emergency Contact: _____ Telephone: _____

TYPE OF ESTABLISHMENT

Annual \$150.00

- Restaurant
- Retail Food
- Food Service
- Caterer
- Residential Kitchen
- Mobile Food

* If restaurant has more than 25 seats, person(s) must be trained in anti-chocking procedures.

Temporary \$25.00

- 2 Weeks or 14 Events

Dates of operation if not annual: _____

Please list all foods that will be served:

Additional Information:

Water Source: Circle one Private Public

Sewerage Disposal: Circle one Private Public

Hours and Days of Operation:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please include:

Food Managers Certificate

Allergen Certificate

Annual Private Well Water
Test

Certificate of Insurance
Workmans Compensation

Pursuant to M.G.L. Ch. 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, have filed all state and federal taxes returns and paid all state taxes required by law.

Revenue Enforcement and Protection (REAP) Attestation

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

_____ - _____ or _____ - _____ - _____
* Federal ID Number * Social Security Number

*This license will not be issued unless application is complete