The Commonwealth of Massachusetts
TOWN OF PLYMOUTH, MASSACHUSETTS
508-747-1620

Application for Permit to Operate a Food Establishment

Food Establishment License January 1st through December 31st Annually

CHURCHES EXEMPT

FEE: Less than 15 seats - $200.00

16 to 50 seats - $250.00
More than 50 seats - $300.00

FOR OFFICE USE ONLY:

Munis Number:_____ Entered to Access:_____ Printed:_____

MAKE CHECK PAYABLE TO: Town of Plymouth
RETURN TO: Plymouth Board of Health, 11 Lincoln St., Plymouth, MA 02360

Legal Business Name (Corp., LLC, Etc)_____

DBA (if Different) _____

Business Address _____

Parcel ID# (Please obtain this from the Assessor's Office) _____

Mailing Address _____

Business Phone_____Corporate Phone _____

Name of Owner _____

Manager/Agent/Operator Name _____

State of Incorporation_____ Name & Address of Local Insurance Agent_____

Emergency Response Person: Name_____Home Phone_____

Dates of Operation if not Annual_____

Water Source_____ Sewage Disposal_____

Days & Hours of Restaurant
Operation_____

Restaurant:
Indoor Seating:_____ Outside / Seasonal Seating:_____ Total Restaurant Seating:_____

Person Trained in Anti-Choking Procedures (if 25 seats or more). Yes_____ No_____

_____

Name of Certified Food Manager

Date Test Taken

_____ _____

Name of person who has completed the Allergen Certification: _____

_____
Signature of Applicant

Pursuant to M.G. L. 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 all state taxes required under law.

_____
Social Security number or Federal Identification Number

_____
Signature of Individual or Corporate Name

by_____
Corporate Officer (if applicable)

Email Address:_____

LICENSES EXPIRE ON DECEMBER 31ST