

COMMONWEALTH OF MASSACHUSETTS
TOWN OF PLYMOUTH – BOARD OF HEALTH
508-747-1620

RETAIL MARKET LICENSE
January 1st through December 31st Annually

FEE: KIOSKS (less than 70 sq. ft.) \$50.00
MEDIUM (more than 70 sq.ft. less than 300 sq.ft.) **\$200.00**
LARGE (more than 300 sq.ft. less than 1,000 sq.ft.) **\$300.00**
SUPERMARKET / PLUS (more than 1,000 sq.ft.) **\$500.00**

CHURCH FOOD PANTRY EXEMPT

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

APPLICATION FOR REGISTRATION by RETAIL FOOD ESTABLISHMENT

In accordance with the provisions of the Regulation promulgated under authority of Section 305-A of Chapter 94 of the General Laws of the Commonwealth of Massachusetts application for registration is hereby made by:

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 _____

Owner/President Name _____

Manager/Agent/Operator Name _____

STORE SELLS: ___ Meat ___ Produce ___ Dry Goods ___ Dairy ___ Frozen Foods ___ Other Explain _____

Name – Please Print

Signature:

FOR OFFICE USE ONLY:

MUNIS NUMBER: _____ ACCESS: _____ LICENSE MAILED: _____