



*Commonwealth of Massachusetts*  
**TOWN OF PLYMOUTH**  
**PUBLIC HEALTH DEPARTMENT**  
 508-747-1620 X10118  
 Fax: 508-830-4062  
 26 Court Street  
 Plymouth, Massachusetts 02360

**FEES:**  
 SUPERMARKET/PLUS (≥ 1,001 sq. ft.) - \$550  
 LARGE (≥ 301 sq. ft., but ≤ 1000 sq. ft.) - \$ 350  
 MEDIUM (≥71 sq. ft., but ≤ 300 sq. ft.) - \$250  
 KIOSK (≤70 sq. ft.) - \$75  
**RELIGIOUS FOOD PANTRIES EXEMPT**

Retail/Retail-Food Establishment license valid January 1<sup>st</sup> through December 31<sup>st</sup> Annually

**MAKE CHECK PAYABLE TO: Town of Plymouth**  
**RETURN TO: Public Health Department, 26 Court St., Plymouth, MA 02360**

**RETAIL FOOD ESTABLISHMENT APPLICATION**

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 \_\_\_\_\_

Email Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Corporate Phone \_\_\_\_\_

Owner/President Name \_\_\_\_\_

Manager/Agent/Operator Name \_\_\_\_\_

Store will sell the following:

Meat	Produce
Dry Goods	Dairy (requires Milk/OLEO permit also)
Frozen Foods (may require Frozen Dessert permit also)	Other (Explain):

\_\_\_\_\_  
 Name – Please Print

\_\_\_\_\_  
 Signature:

**FOR OFFICE USE ONLY:**

MUNIS NUMBER: \_\_\_\_\_ ACCESS: \_\_\_\_\_ LICENSE MAILED: \_\_\_\_\_

