



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

**FEE: \$150.00**  
**Check or Money**  
**Orderpayable to**  
**Town of**  
**Plymouth**

Permit to Operate a Catering Service valid License 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**

Legal Business Name (Corp., LLC, Etc.) \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Business Phone \_\_\_\_\_ Person in Charge \_\_\_\_\_

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

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

Location Where Meals will be Prepared: \_\_\_\_\_

Name of Certified Food Manager \_\_\_\_\_ Date Test Taken \_\_\_\_\_

**Please Include:**

- Copy of Food Protection Manager certificate and Allergen Awareness certificate
- Copy of food permit from the town you are based out of
- Copy of last health inspection report
- Copy of menu
- Copy of commissary kitchen contract, permit, and recent health inspection report, if applicable
- Copy of registration for vehicle
- Copy of driver's license for owner and operator

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

**FOR OFFICE USE ONLY:**

Munis Number: \_\_\_\_\_ Access: \_\_\_\_\_ License Mailed: \_\_\_\_\_