



TOWN OF PALMER

Palmer Town Building
4417 Main Street
Palmer, Massachusetts 01069

Telephone: (413) 283-2606
FAX (413) 283-2637

OFFICE OF THE BOARD OF HEALTH

APPLICATION FOR PERMIT TO OPERATE A FOOD SERVICE ESTABLISHMENT

To the Palmer Board of Health. Application is made for a permit to operate a Food Service Establishment in accordance with the provisions of Chapter 94, Section 305A and Chapter 111, Section 5 of the General Laws:

FULL NAME OF APPLICANT:-----
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TYPE OF ESTABLISHMENT AND ESTABLISHMENT NAME:-----
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BUSINESS ADDRESS AND TELEPHONE NBR:-----

HOURS OF BUSINESS:-----

- CHECK ALL THAT APPLY:
- | | |
|---|----------|
| <input type="checkbox"/> VARIETY/CONVENIENCE STORE (PREPARED FOODS) | \$ 50.00 |
| <input type="checkbox"/> DELI (FRESH TO SLICE/SANWICHE//GRINDERS) | \$ 25.00 |
| <input type="checkbox"/> RESTAURANT (TAKE OUT ONLY) | \$ 75.00 |
| <input type="checkbox"/> RESTAURANT (UP TO 50 SEATS) | \$ 75.00 |
| <input type="checkbox"/> RESTAURANT (OVER 50 SEATS) | \$ 75.00 |
| <input type="checkbox"/> SALAD BAR | \$ 25.00 |
| <input type="checkbox"/> BAKERY (PREPARED AT FACILITY) | \$ 50.00 |
| <input type="checkbox"/> FROZEN DESSERT MACHINE | \$ 25.00 |

If Applicant is a partnership, full name and residence of all partners
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If Applicant if a Corporation, full name and address of:

Corporation.....
President.....
Treasurer.....
Clerk.....

.....
SIGNATURE/DATE

PERMIT WILL NOT BE ISSUED IF YOUR TAXES ARE NOT PAID IN FULL

TAX COMPLIANCE PURSUANT TO CHAPTER 106 OF THE CODE OF PALMER

YES _____ NO _____ SIGNATURE OF TAX COLLECTOR _____