

2015

TOWN OF WELLFLEET
300 Main Street
Wellfleet, MA 02667

Hillary Greenberg-Lemos, Health Agent
349-0308
FOOD SERVICE ESTABLISHMENTS

APPLICATION FOR PERMIT

APPLICATION MUST BE FILLED OUT COMPLETELY

Name _____

Mailing Address _____

Town/State/Zip _____

Business Address _____

Owner's Name _____ Home Tel. _____ E-Mail _____

Manager's Name _____ Home Address _____

If Corporation or Partnership, give name, title and home address of officers or partners.

Name _____ Title _____ Home Address _____

Establishment is open _____ months a year. Total seating capacity _____ Take-out service only? _____

Name of Certified Food Handler (s) _____ P.I.C. _____

Does establishment have outside seating? NO Seating Capacity _____ is area enclosed? _____ Capacity _____

If seating capacity are over 25, person Chokesaver Certified _____

Applications for all licenses/permits required by the Board of Selectmen have been filed for the year 2014 yes x no _____

PLEASE CHECK PERMIT (S) YOU ARE APPLYING FOR:

- Temporary Food Service
- Retail Food
- Mobile Unit
- Bed & Breakfast
- Caterer
- Food Service
- Residential Kitchen

FOR FOOD SERVICE ESTABLISHMENTS: Are you compliant with the new Food Allergen Requirements: yes x no _____

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.

* Signature of Individual or Corporate Name (mandatory)

By: Corporate Officer (mandatory, if applicable)

Social Security/ Federal Identification Number. **(MANDATORY)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Federal Identification Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.

This request is made under the authority of M.G.L. Chapter 62C Section 49A.

Health Agent

Date

Date Received _____ By (initials) _____ Fee _____ Date Issued _____