



*Town of East Brookfield,
Massachusetts*

BOARD OF HEALTH
122 Connie Mack Drive
East Brookfield, Massachusetts 01515

ANNUAL FOOD PERMIT APPLICATION, <50 PEOPLE CAPACITY

(Application must be submitted at least 30 days prior to planned opening date)

For Year: **2024**

Establishment Name _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No.: _____ Fax No. (if any) _____

Applicant Name & Title _____

Applicant Address (No P.O. Boxes): _____

Applicant Telephone No.: _____ 24-Hour Emergency No.: _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Establishment Owned By: _____

Email address: _____

If a corporation or partnership, give name, title and home address of officers or partners (attach if necessary).

<u>Name</u>	<u>Title</u>	<u>Address</u>
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___ An Association: _____

___ A Corporation: _____

___ An Individual : _____

___ A Partnership : _____

___ Other Legal Entity: _____

Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manage, etc.): Name & Title: _____

Address: _____

Telephone: _____

Emergency Telephone No.: _____ Fax No.: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

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Address: _____

Telephone No: _____ Fax No.: _____

Submit this form and the following:

- Signed Application (sign on page 3)
- Signed Tax Compliance Certificate (page 4)
- Completed Workers Compensation Insurance Affidavit with compensation policy declaration page (showing the policy number and expiration date). (Page 5-6)
- **Attach a check to cover the fee in the amount of \$180.00 payable to the Town of East Brookfield.**

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____

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Tax Compliance Certificate

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor*

(company name)

(print name & title)

(signature)

(2) Corporation, Association or Partnership Individual Contractor*

(company name)

(print name & title)

(signature)

Signed under the pains and penalties of perjury on _____. (date)

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*Note to Contractor: Please sign at (1) or (2), whichever applies.

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PERMIT #: _____

Permit Expiration Date: _____

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For Official Use Only: Permit # _____ Fee Paid: \$_____ Check #: _____ Date Paid:
_____ Date Permit Issued: _____ Date Permit Expires: _____