

**TOWN OF HUBBARDSTON – BOARD OF HEALTH**

**APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Telephone Number of Applicant \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

Telephone Number of Owner \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_

Telephone Number of Applicant \_\_\_\_\_

If corporation or partnership, give name, title & home address of officers or partners:

Name	Title	Home Address
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<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Retail Food _____	_____	Annual	_____
Food Service _____	_____		_____
Caterer _____	_____	Temporary	_____
*Mobile Food _____	_____		_____
Residential _____	_____	Seasonal	_____

\*Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach separate sheet.

If restaurant, Number of Seats \_\_\_\_\_ Number of Non-Smoking seats \_\_\_\_\_

Person trained in anti-choking procedures (if 25 seats or more) Yes\_\_ No\_\_

Pursuant to the provisions of MGL Chapter 40, Section 57 certification that no debt is owed to the Town of Hubbardston by the applicant or owner must be obtained from the Tax Collector before this form is submitted to the Board of Health.

No debt is owed: \_\_\_\_\_ Debt is owed: \_\_\_\_\_

Signature of Tax Collector: \_\_\_\_\_ Date: \_\_\_\_\_

Date received by the Board of Health: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant