



# Town of Hull

BOARD OF HEALTH 253 ATLANTIC AVE., HULL, MA 02045

## Application for Permit to Operate a Food Establishment

Date \_\_\_\_\_

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

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

Mailing Address (if different) \_\_\_\_\_

Name & Title of Applicant \_\_\_\_\_

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

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

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

Name	Title	Home Address

State of \_\_\_\_\_ Name & Address \_\_\_\_\_  
Incorporation \_\_\_\_\_ of Local Agent \_\_\_\_\_

Emergency Response Person:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Type of Estab.	Fee	Duration of Permit Circle below	Amount To Be Paid
Food Service	_____	Annual	_____
Retail Food	_____		_____
Milk/Cream	_____	Seasonal	_____
Caterer	_____		_____
Frozen Dessert	_____		_____
Mobile Food*	___50.00_	Temporary	_____
Residential Kit.	_____		_____
Tobacco	_____		_____
			<b>Total:</b> _____

Dates of Operation if not Annual: \_\_\_\_\_

\*Applications for mobile food or pushcarts must include a list of the handwash and toilet facilities available on each route.

Continued on Reverse Side

Water Source \_\_\_\_\_ Sewage Disposal \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

If Restaurant: Number of Seats \_\_\_\_\_

Person trained in Anti-choking Procedures (if 25 seats or more): Yes \_\_\_\_\_ No \_\_\_\_\_

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

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Signature of Individual or Corporate Name

\_\_\_\_\_  
Corporate Office (if applicable)