



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 _____ Phone#: _____

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
Food Service **	_____
Retail Food	_____
Milk/Cream	_____
Caterer	_____
Frozen Dessert	_____
Mobile Food	_____
Residential Kit.	_____
Tobacco	_____

** 0 to 19 seats: \$50.00
 20-50 seats: \$75.00
 51-99 seats: \$100.00
 100+ seats: \$125.00

Total: _____ Duration of Permit: Annual _____ Seasonal _____ Temporary _____

If Restaurant: Number of Seats _____
Person trained in Anti-choking Procedures (if 25 seats or more): Yes _____ No _____

Days & Hours of Operation _____

Dates of Operation if not Annual: _____

Signature of Applicant

Signature of Individual or Corporate Name

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.