



Town of Ludlow Board of Health  
 488 Chapin Street  
 Ludlow, Ma 01056  
 (413) 583-5600 x1271

**Application for Retail Food Permit**

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

Business Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing (if Different) \_\_\_\_\_ Email \_\_\_\_\_

**Owner, Corporation, or Partnership Information**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>

Hours of Operation \_\_\_\_\_ Square Footage (includes storage) \_\_\_\_\_

**BASE FEE SCHEDULE (Please Circle)**

Less than 2000 sq. ft. \$100.00    2000-8000 sq. ft \$200.00    Greater than 8000 sq. ft \$300.00

**Any misrepresentation in the square footage (including storage) will be subject to maximum permit fee.**

**Other Food Service Areas Within Retail Store (Please Circle)**

DELI                      BAKERY BUTCHER AREA    PREPARED FOODS/PIZZA                      CREAMERY                      SMOKEHOUSE

**Each additional service area please add \$50.00/area**

**Total Due for Retail Food Permit \_\_\_\_\_**

**\*Please provide current copies of the Food Safety Manager Certification and the Food Allergen Awareness Certification for any persons within an establishment that prepares food. Failure to provide, could result in permits not being issued.**

**\*\*Any renewal application received after expiration date will be subject to a 50% late fee.**

**I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.**

\_\_\_\_\_  
**Print Name of Applicant**

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

DEPARTMENT HEAD                      **FOR OFFICE USE ONLY**                      DATE                      APPROVED    DENIED

NOTES: