



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

Application for Food Service Permit

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

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

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

Owner, Corporation, or Partnership Information

Name Title Address Phone
\_\_\_\_\_
\_\_\_\_\_

Hours of Operation \_\_\_\_\_ Seating Capacity \_\_\_\_\_

FEE SCHEDULE

0-24 Seats \$150.00 25-49 Seats \$175.00\*\* 50+ Seats \$200.00\*\*

Any misrepresentation in the seating capacity will be subject to maximum permit fee.

Total Due for Food Service Permit \_\_\_\_\_

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

\*\* A person certified in anti-choking procedures must be provided in food establishments with 25 or more seats.

\*\*\*Any renewal application received after expiration date (12/31) 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: