

Town of Erving
Application for Permit to Operate a Food Establishment

Fee: \$25.00

Permit #:

Date of Application: _____

Name of Applicant: _____

Applicant Address: _____

Business Name: _____

Address of Business: _____

Telephone Number: _____

If a corporation or partnership; give names, titles and home address of officer and/or partners:

State of Incorporation: _____

Name and address of local agent: _____

Type of Establishment (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Retail Food | <input type="checkbox"/> Mobile Food |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Caterer |
| <input type="checkbox"/> Bed & Breakfast | <input type="checkbox"/> Mobile Retail |
| <input type="checkbox"/> Food Services | |

Additional Information:

Water source: ☐ Private ☐ Public

Septic: ☐ Private ☐ Public

Dates of operation if not annual: _____

Signature of Applicant: _____ Social Security # _____

Board of Health USE ONLY

Year: _____ Permit #: _____ Date Issued: _____

Check Number: _____ Amount Received: _____

B.O.H. Signature (or authorized official): _____

Please make checks payable to the Town of Erving