



***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*