



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Application for Food Service 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 _____ 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 the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Health Department, 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