



# 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 Non-Alcoholic Beverage License

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 \_\_\_\_\_

\*Please provide a current copy of water analysis dated within the past 30 days.

\*\*Please include copy of Massachusetts application for permit.

\*\*\*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 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

Fee Due: \$100.00      Check/money order to: Town of Ludlow

License expires May 31<sup>st</sup> yearly