

TOWN OF LUDLOW

HEALTH DEPARTMENT

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



Application for Food Related Permits for Bar, Church, and Residential Kitchen

Name of Establishment _			Date		
Business Address			Phone# Email		
Mailing (if Different)					
Owner, Corporation, or P	artnership Infori	mation			
<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>		
Hours of Operation					
Bar/Tavern (Limi	ited Food Prep) \$	\$80.00	Church/Religious Org. Food Service \$	80.00	
	Res	sidential Kitchen	\$80.00		
		Total Due:			
			Certification and the Food Allergen Aware re to provide, could result in permits not		
**All residential kitchen a areas.	applications mus	st also include a me	nu and a rough floor plan of kitchen and	storage	
***Any renewal applicati	on received afte	er expiration date w	rill be subject to a 50% late fee.		
agree to comply with all a	applicable rules a ent and to provid	and regulations. I a	usiness and all of the information provide gree to allow the Health Department, or i mation. I agree to pay all appropriate fee	its agents	
Print Name of Applicant			Signature of Applicant		