

Tyringham Board of Health

116 Main Rd.
Tyringham, MA 01264

Tel 413-243-1749
Fax 413-243-4942

Application for Health Department Licenses

Company Name _____
Contact First Name _____ Contact Last Name _____
Mailing Address _____ Facility Address _____
Business Telephone _____ Federal ID/SS # _____
Fax Number _____

*****Copy of Certified Food Service Operator(s) License must be submitted with this application**

*****Required for all Food Service, Bakery, Catering and Mobile food license holders as of Jan. 1, 1998**

<u>Type</u>	<u>Quantity</u>	<u>Fee per unit/town</u>	<u>Total</u>
Food Service	_____ No. of Seats _____		_____
Retail Food	_____ Sq Footage _____		_____
Bakery	_____	\$50. each	_____
Catering	_____ Towns _____	\$50. each	_____
For Caterers – Write the name of licensed base of operations: _____			
Mobile Food Vendor	_____ Towns _____	\$50. each	_____
Tobacco	_____	\$100. each	_____
Indoor Pool	_____	\$50. each	_____
Outdoor Pool	_____	\$50. each	_____
Hot Tub	_____	\$50 each	_____

Certified Pool Operator _____ **Exp.** _____ **Total Amount Due: \$** _____
Copy of Pool Certification must be submitted with this application.

Please make checks payable to Town of Tyringham, mail application and fees to:

Town of Tyringham PO Box 442, Tyringham, MA 01264

Dates of Operation, if not annual: _____

If you have 25 or more seats, is there a staff member present who is trained in anti-choking procedures? _____

For pools and Hot tubs: Type of chemical treatment _____ Number of Lifeguards _____

Pursuant to MGL ch.62C, Sec 49A, I hereby certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name _____

By Corporate Officer _____