



Town of Tyringham

116 Main Rd • PO Box 442 • Tyringham, MA 01264

Phone: (413) 243-1749 Fax: (413) 243-4942 E-Mail: townhall@bcn.net

Tyringham Board of Health

Application for Health Department License

****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 January 1, 1998)

Company Name: _____

Contact First Name: _____ Contact Last Name: _____

Mailing Address: _____ Facility Address: _____

Business Telephone: _____ Federal ID/SS # _____

Fax Number: _____

<u>Type</u>	<u>Quality</u>	<u>Fee per unit/town</u>	<u>Total</u>
<u>Bakery/Catering</u>	_____	\$50.00 Each	_____

For Caterers – Write the name of licensed base of operations: _____

<u>Mobile Food Vendor</u>	_____	\$50.00 Each	_____
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Please make check 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? _____

Pursuant to MGL ch62C, 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: _____