



Dighton Board of Health  
1111 Somerset Ave  
Dighton, Ma 02715  
774-872-0943

FOR OFFICE USE ONLY
PERMIT NO: _____
DATE: _____
CHK NO & PMT: _____

## FOOD LICENSE / PERMIT APPLICATION

Indicate if this license is for: New \_\_\_\_\_ Renewal \_\_\_\_\_ Transfer \_\_\_\_\_ Other \_\_\_\_\_

List type of license(s)/permit(s) applying for:

<input type="checkbox"/> Retail Food Store \$125	<input type="checkbox"/> Milk/Cream/Oleo Margarine \$25
<input type="checkbox"/> Residential Kitchen \$75	<input type="checkbox"/> Food Service Establishment Permit \$125
<input type="checkbox"/> Nursing Homes \$150 + \$10.00 Per Bed	<input type="checkbox"/> Preschools, Nurseries & Daycare Kitchens \$125

»»» THESE PERMITS EXPIRE ON DECEMBER 31<sup>st</sup> OF THE CALENDAR YEAR GRANTED «««

OWNER(S) NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

D/B/A (if applicable): \_\_\_\_\_

LOCATION OF BUSINESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE (S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_ HOURS OF OPERATION: \_\_\_\_\_

All license(s)/permit(s) applications submitted to the Dighton Board of Health must be submitted no later than the second week of December and must be accompanied by the following documents.

Check all that apply

- Complete Application
- Check made out to The Town of Dighton
- Copy of Serve Safe Certification
- Copy of Allergen Awareness Certification
- Copy of Basic Life Support Training
- Copy of Vermin & Rodent Report dated within the last 12 months
- Copy of Certificate of Liability Insurance
- Workers' Compensation Insurance Affidavit
- Tax Status Application Form

Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state and local taxes required by law and agree to comply with the terms of its license/permit and applicable laws, rules and regulations related thereto. I hereby certify that the information contained in this application is true and authorize the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

**Operating without a proper license / permit will result in double permit fees plus applicable MGL fines. An additional fee of \$50.00 will be the applicant's responsibility if a re-inspection is necessary.**

---

Printed Name

---

Signature of Individual or Corporate Officer (if applicable)

---

Federal Tax Identification Number (FEIN)