

Fee: _____
Paid: _____
Cash/Check: _____
Date: _____

TOWN OF FREETOWN
Town Hall
3 North Main Street
PO Box 438
Assonet, MA 02702508.644.2202

FREETOWN BOARD OF HEALTH

APPLICATION FOR A LICENSE OR PERMIT

License or permit applying for:

Food Establishment Common Vic. Retail Food Mobile Food Temp Food Permit
Massage Establishment Tobacco Vender Camp License Other _____

Year or date to be used: _____

If seasonal, from: _____ to _____
(date) (date)

Business Name: _____ Hours of Operation: _____

Address where license to be used: _____

Applicant's full name: _____

Applicant's home address: _____ Phone #: _____

Organization, Church, Civic Group (if applicable): _____

Date of application: _____

Pursuant to MA General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and have paid all taxes required under law.

Mailing Address:

Signed under the pains and penalties of perjury,

Signature of Individual or Corporate Name