



CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH
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Public Health
Prevent. Promote. Protect.

KIMBERLEY DRISCOLL
MAYOR

LARRY RAMDIN, RS/REHS, CHO, CP-FS
HEALTH AGENT

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Mailing Address (if different):																
4) Establishment Telephone No:																
5) Applicant Name & Title:																
6) Applicant Address:																
7) Applicant Telephone No:	24 Hour Emergency No: Email:															
8) Owner Name & Title (if different from applicant):																
9) Owner Address (if different from applicant):																
10) Establishment Owned by: An association A corporation An individual A partnership Other legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partner. <table border="1"> <thead> <tr> <th><u>Name</u></th> <th><u>Title</u></th> <th><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<u>Name</u>	<u>Title</u>	<u>Home Address</u>														
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)																
Name & Title:																
Address:																
Telephone No:	Fax: Email:															
Emergency Telephone No:																
13) District or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax: Email:															

Check #: _____

Date: _____

Amount: _____

