



Town of North Attleboro  
Board of Health  
43 South Washington Street  
North Attleboro, MA 02760

Date rec. _____
Amount paid \$ _____
Check # _____
License # _____
Date issued _____
Date of inspection _____
All documents received _____
<b>For office use only</b>

New  Renewal  license application for:

**Food Service**

License valid through: **December 31, 201\_**

**Fee: \$350.00**

101 Seats & up

\$125.00 late fee if renewal application is received after December 31st

Name of Establishment:	
Location:	
City, State, Zip: North Attleboro, MA 02760	
Mailing Address (if different):	
Store Telephone #:	Fax #:
Local Manager's Name:	
Owner/Corporate Name:	
Owner/Corporate Address:	
City, State, Zip:	
Owner/Corporate Phone #:	Federal TIN #:
E-Mail Address:	

The undersigned hereby applies for a license in accordance with the provisions of the statutes relating thereto in the Town of North Attleboro and in accordance with the rules and regulations made under authority of said statutes.

- **A Certified Food Protection Manager must be on duty whenever food is prepared or served, and copies of your employees' current certifications must be submitted with this application each year.**
- All permits are issued for one year beginning December 31<sup>th</sup> and are not pro-rated.
- **All new applicants are required to appear before the Board of Health when the Board considers your application for the first time.**
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- This license will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Tax Identification Number (TIN) will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to license suspension, revocation or non-renewal. This request is made under the authority of MGL c.62C §49A.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of owner, manager or corporate officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and title