



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

Date rec. \_\_\_\_\_  
Amount paid \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
**Permit # HE**  
Date issued \_\_\_\_\_  
All documents received \_\_\_\_\_  
**For office use only**

New  Renewal  permit application for:

## HEALTH/FITNESS ESTABLISHMENT

Permit valid through: **April 30, 202\_**

**Fee: \$ 100.00**

Renewal amount is **\$225.00** if received after April 30<sup>th</sup>

Name of Establishment:	
Location:	
City, State, Zip: North Attleboro MA 02760	
Mailing Address (if different):	
Telephone #: 508-699-2999	Fax #:
# of Tanning Booths (if any): (see tanning app)	Federal TIN #:
Owner/Manager's Name:	
Owner/Manager's Address:	
City, State, Zip:	
E-Mail Address:	

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

- All permits are issued for one year beginning April 30<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 permit will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Tax Identification Number (TIN) is requested under the authority of MGL c.62C §49A and 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 permit suspension, revocation or non-renewal.

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