



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 \_\_\_\_\_

**For office use only**

New  Renewal  license application for:

**Retail Food**

License valid through: **September 30, 201\_**

**Fee: \$250.00**

Over 15,000 sq ft incidental sales

\$125.00 late fee if renewal application is received after September 30<sup>th</sup>

Name of Establishment:	
Location:	
City, State, Zip:	
Mailing Address:	
Store Telephone #:	Fax #:
Local Manager's Name:	
Owner/Corporate Name:	
Owner/Corporate Address:	
City, State, Zip:	
Owner/Corporate Phone #:	Federal TIN #:
E-Mail Address:	
Nature of Business:	

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.

- All permits are issued for one year beginning September 30<sup>th</sup>, are not pro-rated and are non-refundable.
- **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