



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

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

New Renewal permit application for:

Retail Food

Permit valid through: **September 30, 202_**

Fee: \$50.00

Under 100lbs of stock

Renewal amount is \$175.00 if received after September 30th

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 permit 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 30th 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.
- The undersigned has read and understands the Town of North Attleboro Food Establishment Regulation
- 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) 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. 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