



BILLERICA HEALTH DEPARTMENT

365 BOSTON ROAD
BILLERICA, MA 01821
Telephone (978) 671-0931
Web Site www.town.billerica.ma.us

Application for Farmers Market Food Vendor

Fee: \$50.00

Name of Establishment _____ Date _____
 Business Address _____ Telephone # _____
 e-mail _____
 Mailing Address (if different) _____
 Name & Title of Applicant _____ Telephone # _____
 Address of Applicant _____
 Name of Owner (if different from applicant) _____
 If corporation or partnership, give name, title & home address of officers or partners

Name	Title	Home Address
_____	_____	_____
_____	_____	_____

FOOD INFORMATION:

Food Items Being Served or Sold:

Where the Food is Prepared:

(Attach a copy of manufacturing license or residential food permit and the last inspection of your facility)

LATE RENEWALS WILL BE ASSESSED A LATE FEE IN ACCORDANCE WITH THE MOST CURRENT BOARD OF HEALTH FEE SCHEDULE. LATE FEES ARE EQUAL TO THE ORIGINAL PERMIT FEE. FAILURE TO TAKE APPROPRIATE ACTION TO RENEW PERMITS MAY RESULT IN ADDITIONAL FEES OR FINES TO BE IMPOSED OR OTHER ADMINISTRATIVE ACTION.

Pursuant to M.G.L. Ch 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Federal Identification Number

Print Name of Individual or Corporate Name

Signature of Individual or Corporate Name

by _____
Corporate Officer (if applicable)

