



Town of Ludlow Board of Health  
 488 Chapin Street  
 Ludlow, Ma 01056  
 (413) 583-5600 x1271

**Application for Food Related Permits for Bar, Church, and Residential Kitchen**

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing (if Different) \_\_\_\_\_ Email \_\_\_\_\_

**Owner, Corporation, or Partnership Information**

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

Hours of Operation \_\_\_\_\_

Bar/Tavern (Limited Food Prep) \$80.00      Church/Religious Org. Food Service \$80.00

Residential Kitchen      \$80.00

Total Due: \_\_\_\_\_

\*Please provide current copies of the Food Safety Manager Certification and the Food Allergen Awareness Certification for any persons within the establishment. Failure to provide, could result in permits not being issued.

\*\*Any renewal application received after expiration date will be subject to a 50% late fee.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with all applicable rules and regulations. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
 Print Name of Applicant

\_\_\_\_\_  
 Signature of Applicant

DEPARTMENT HEAD

**FOR OFFICE USE ONLY**

DATE

APPROVED

DENIED

NOTES: