TOWN OF WILBRAHAM
240 Springfield Street
Wilbraham, Massachusetts 01095
Phone: 413-596-2800
FAX: 413-596-9256

Fee: $60

SUPPLEMENTARY APPLICATION
PERMIT TO OPERATE A FOOD ESTABLISHMENT - SEASONAL

Name of establishment: _____

Business address: _____

Mailing address *(if different):* _____

Name and title of applicant: _____

Address of applicant: _____

Name of owner *(if different than applicant):* _____

Telephone Number of applicant: _____ Telephone Number of owner: _____
(If different than applicant)

If corporation or partnership, give names, titles and home addresses of officers or partners:

Name	Title in corporation	Home address

State of incorporation: _____ Name and address of local agent: _____

Emergency contact name and telephone: _____

Type of Establishment: ☐ Retail ☐ Organization/Institution ☐ Caterer ☐ Residential Kitchen ☐ Bakery

Duration of permit (provide duration by start date to end date): _____

Water source: _____ Sewage disposal: _____

Days and hours of operation: _____

Name of person trained in anti-choking procedures (if 25 or more seats): _____

Name of "Person in Charge": _____
(must attach a certificate establishing training in safe food handling program meeting standards of the Commonwealth of Massachusetts Department of Public Health, for at least one supervisory person)

Signature of applicant: _____

For Board of Health use:

Date application received:	Date inspected:
Inspected by:	Permit date and number: