



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street  
Arlington, Massachusetts 02476

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Director of Health and Human Services

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### Application for Permit to Operate a Food Establishment

Name of Establishment: \_\_\_\_\_

Tel #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Name and Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_  
(If different from applicant)

Emergency Response Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Partner or Corporate Name (List Partners Below):**

Name	Title	Home Address

Number of Seats: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Certified Food Manager: \_\_\_\_\_ (attach copy of certificate)

\*Effective October 1, 2010- Certified manger must have completed Allergen Awareness Training-attach certificate

Type of Service: (Circle all that apply) Sit Down Meals Take out Caterer Grocery Convenient Store

Type of Establishment	Fee	Amount Due
Category Risk Level 1	\$85.00	_____
Category Risk Level 2	\$170.00	_____
Category Risk Level 3	\$255.00	_____
Category Risk Level 4	\$340.00	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_