



TOWN OF BRAintree

Department of Municipal Licenses & Inspections

90 Pond Street, Braintree, MA 02184
Tel: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

Food Establishment Permit Application (2009)

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No.:													
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No.:	24 Hour Emergency No.:												
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different from applicant):													
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partners. <table border="1"><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)													
Name & Title:													
Address:													
Telephone No.:	Fax:												
Emergency Telephone No.:													
13) District or Regional Supervisor (if applicable)													
Name & Title:													
Address:													
Telephone No.:	Fax:												

FOR DEPARTMENT OF PUBLIC HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

