

45 Railroad Street
Lee, MA 01238

Tri-Town Health Department

Application for Health Department Licences
Towns of Lee, Lenox and Stockbridge
info@tritownhealth.org

P. (413) 243-5540

F. (413) 243-5542

Food Service Permit Application

Company Name: _____

Owner First Name: _____

Owner Last Name: _____

Manager First Name: _____

Manager Last Name: _____

Mailing Address: _____

Facility Address: _____

Business Phone: _____

Tax ID Number: _____

Email Address: _____

Fax Number: _____

Certified Food Service Operator(s): _____

Certified Allergen Awareness: _____

Is there a staff member trained in anti-choking procedure: Y N

**Food Service Operator and Allergen Awareness Certificates MUST be Submitted
*****with this Application*******

Seasonal Establishment: Y N

Seasonal Dates of Operation: _____

Water Source: _____ Public _____ Private

Sewage Disposal: _____ Public _____ Private

Fee Schedule

Food Service	Fee	Implementation
Prep Only, No Seating	\$65.00	1/1/2014
50 Seats or Less	\$90.00	1/1/2014
51-100 Seats	\$115.00	1/1/2014
101-150 Seats	\$215.00	1/1/2014
151-200 Seats	\$315.00	1/1/2014
201-300 Seats	\$415.00	1/1/2014
301+ Seats	\$515.00	1/1/2014

Number of Seats in My Establishment: _____

Check Number: _____

Check Amount: _____

**Please make checks Payable to EACH TOWN in which you are
applying for license**

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

Signature of Individual or Corporate Name: _____

Signature of Corporate officer: _____

Date: _____

Payment is Due with Application. A \$35.00 Late Fee will be Assessed if Application is not Received by 12/31

Please mail Application & Fees to the Tri-Town Health Department

***As of May 1st 2015 an e-mail address is required to process every application.**