

45 Railroad Street  
Lee, MA 01238

## Tri-Town Health Department

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

P. (413) 243-5540  
F. (413) 243-5542

### Bakery 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

Type	Fee	Implementation
Bakery	\$65.00	1/1/2014

Check Number(s): \_\_\_\_\_

Check Amount(s): \_\_\_\_\_

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

Notes

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.**