

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

Mobile Food Vendor 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 Per Town

By Town	Fee	Implementation
Lee	\$65.00	1/1/2014
Lenox	\$65.00	1/1/2014
Stockbridge	\$65.00	1/1/2014

Towns for which I am applying for licenses in (circle):

Lee Lenox Stockbridge

Check Number(s): _____

Check Amount(s): _____

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

Vending Sites

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.**