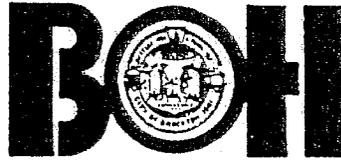


BOARD OF HEALTH



City Hall
Brockton, Massachusetts 02301

Telephone 580-7175

APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

***** PLEASE FILL IN ALL STARRED AREAS *****

Filing Fee \$50.00

Decal # _____

Fee _____

Vehicle Reg. # _____

Cater/ Food Prep

TYPE OF BUSINESS

Seating Capacity _____

Area _____ Sq. Ft.

Date of Issue _____

Date of Exp. _____

*** Owner _____
(Corp. Name if Incorporated)

*** Address _____
(Corp. Name if Incorporated)

*** Telephone Number _____

*** DOING BUSINESS AS _____
Name

_____ Address

_____ Telephone Number

ONLY IF INCORPORATED

President _____
Name Address Tele. #

Treasurer _____
Name Address Tele. #

Clerk _____
Name Address Tele. #

CORPORATION'S MAIN OFFICE _____
Address Tele. #

*** APPLICANT'S NAME _____ TITLE _____
Print

*** APPLICANT'S SIGNATURE _____ DATE _____