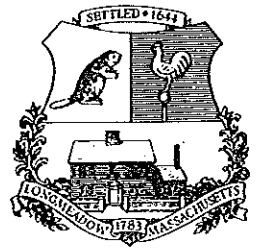


FEE \$50.00 -
PREPARING FOODS



town of
LONGMEADOW, MASSACHUSETTS

phone: (413) 565-4140

20 Williams Street

01106

BOARD OF HEALTH

BEVERLY S. HIRSCHHORN, CHO, MPH
Health Director

HOWARD BRAVERMAN, M.H.A.
MICHAEL COPPOLA, M.D.
ALAN LEVINE, R.Ph.
ROBERT RAPPAPORT, D.M.D.
RICHARD STEINGART, M.D.

APPLICATION FOR PERMIT TO OPERATE A "RESIDENTIAL KITCHEN"

Application is made for a permit to operate a "Residential Kitchen" in accordance with provisions of the Massachusetts Department of Public Health regulations; Minimum standards for Food Establishments, CMR 105 590.028.

Name _____

Address _____ Phone No. _____

Name of Business, if any

If applicant is a partnership, full name and address of all partners:

Is applicant a corporation _____ State of Corporation _____

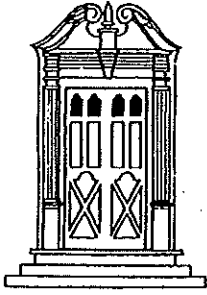
Full name and address of:

President _____

Treasurer _____

Clerk _____

Signature _____ Date _____



town of
LONGMEADOW, MASSACHUSETTS

phone: (413) 565-4140 20 Williams Street 01106



BOARD OF HEALTH

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- BARRY IZENSTEIN, M.D.
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- RICHARD STEINGART, M.D.
- MARY P. TOYE, R.N., M.S.

BEVERLY S. HIRSCHHORN, CHO, MPH
Health Director

**MANDATORY CERTIFICATION FOR APPLICANTS
FOR BOARD OF HEALTH LICENSES**

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Signature of Individual or Corporate Name
(Mandatory)

By: Corporate Office Mandatory, if Applicable

Social Security or Federal Identification Number
(Voluntary)

Your license(s) will not be issued unless this certification clause is signed by the applicant.

Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass G.L.C. 62C. S.49A.