



Town of Dedham
Board of Health
450 Washington Street
Dedham, MA 02026
(781) 751- 9220
F: (781) 751-9229
www.dedham-ma.gov



Public Health
Prevent. Promote. Protect.

Operate an Establishment- Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:		
2) Establishment Address:		
3) Establishment Mailing Address (if different):		
4) Establishment Telephone No:		Establishment Email Address:
5) Applicant Name & Title:		
6) Applicant Address:		
7) Applicant Telephone No.		24 Hour Emergency No.
8) Owner Name & Title (if different from applicant):		
9) Owner Address (if different from applicant):		
10) Establishment Owned By:		11) If a corporation or partnership, give name and home address of officers or partner.
12) Person directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)		
Name & Title:		
Address:		
Telephone No.		Fax:
Emergency Telephone No.		
13) District or Regional Supervisor (if applicable):		
Name & Title:		
Address:		
Telephone No.		Fax:



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The undersigned attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

23) Signature of Applicant: _____

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

24) Social Security Number or Federal ID: _____

25) Signature of Individual or Corporate Name: _____