



Town of Hull

BOARD OF HEALTH

TEL: (781) 925-2224

FAX: (781) 925-2228

253 ATLANTIC AVE.

HULL, MA 02045

Name of Establishment _____

Business Address _____ Bus. Phone _____

Mailing Address (if different) _____

Name of Applicant _____ Phone _____

Address of Applicant _____ Email _____

Emergency Response Person Name _____ Phone _____

Property Owner _____ Address _____

Phone _____ Email _____

If corporation or partnership, give name, title & home address of officers or partners. (Attach sheet if needed)

Name _____ Address _____ Email: _____

Attach copy of Serve Safe & Allergen Awareness Certificates Generator on site Yes _____ No _____

Number of Seats _____ Person trained in Anti-choking Procedures (if 25 seats or more) Yes _____ No _____

Name of Trash Co. _____ Recycle Co. _____

<u>Type</u>	<u>Check All</u>	<u>Fee</u>	<u>Fee based on Number of seats</u>
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Food Service	<input type="checkbox"/> **	_____	0 to 19 seats: \$50.00
Retail Food (Conv)	<input type="checkbox"/>	100.00	20 to 50 seats: \$75.00
Supermarket	<input type="checkbox"/>	200.00	51 to 99 seats: \$100.00
Milk/Cream	<input type="checkbox"/>	10.00	100 + seats: \$125.00
Caterer	<input type="checkbox"/>	100.00	
Frozen Dessert	<input type="checkbox"/>	40.00	
Mobile Food	<input type="checkbox"/>	100.00	
Residential Kitchen	<input type="checkbox"/>	50.00	
Tobacco	<input type="checkbox"/>	100.00	
B & B	<input type="checkbox"/>	150.00	
Farmers Mrkt Host	<input type="checkbox"/>	100.00	
Farmers Mrkt Vend	<input type="checkbox"/>	25.00	
One Day Only	<input type="checkbox"/>	25.00	

Total Due _____ (If paying by check, please make check payable to the Town of Hull)

Days & Hours of Operation _____

Dates of Operation if Seasonal or One Day Only: _____

Signature of Applicant _____

Date _____

Signature of Individual or Corporate Name