



The Commonwealth Of Massachusetts
Town of Ludlow



APPLICATION FOR PERMIT

No. _____ 20____

To the Licensing Authorities:

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Name _____
(Full name of person, firm or corporation)

Location _____

**State clearly
purpose for
which permit is
requested**

Permit to Operate a Food Establishment

Signature of Applicant

Address

Permit issued January 1, 20____

I certify under the penalties of perjury that I, to the 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 Officer
(Mandatory, if applicable)

** Social Security (Voluntary)
or Federal Identification Number

* This license 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 Massachusetts G.L. c. 62C s. 49A.