



# Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

No. \_\_\_\_\_

Fee \_\_\_\_\_

## APPLICATION FOR BAKERY PERMIT

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Owner of Building \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name of Proprietor \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Owner/Operator

