

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

APPLICATION FOR REGISTRATION BY RETAIL FOOD ESTABLISHMENT

PERMIT NO. _____ FEE _____

In accordance with the provisions of the Regulation promulgated under authority of Section 305-A
Of Chapter 94 of the General Laws of the Commonwealth of Massachusetts application for
Registration is hereby made by:

(Print or Type)

FIRM NAME _____

FIRM ADDRESS _____

Street City or town Zip Code

STORE ADDRESS _____

Street City or town Zip Code

Type of Business

(check one) CORPORATION PARTNERSHIP SOLE OWNER

Name of Corporate Officers: (to be signed by each)

President _____

Name Address

Treasurer _____

Name Address

Clerk _____

Name Address

Name of Partners: (to be signed by each)

Name Address

Name Address

Name of Sole Owner: (to be signed)

Name Address

Person preparing application _____

Title _____

Store Sells Meat Produce Dry Groceries Dairy Frozen Foods

Signature _____

Owner/Operator

Date _____