



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street
Franklin, Massachusetts 02038-1352
p. 508-520-4905 f. 508-520-4989

NEW: Y or N
RENEWAL: Y or N
CALENDAR YEAR: _____
FEE AMOUNT: \$100.00

APPLICATION FOR REGISTRATION BY RETAIL FOOD ESTABLISHMENT

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:

FIRM NAME _____

PHONE NUMBER _____

FIRM ADDRESS _____
Street City or town Zip Code

STORE ADDRESS _____
Street City or town Zip Code

NAME AND TITLE OF APPLICANT _____

ADDRESS OF APPLICANT _____

NAME OF OWNER (if different from applicant) _____

PERSONAL CONTACT

NAME _____ **PHONE** _____

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
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Name	Address
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Name of Sole Owner: (to be signed)

Name	Address
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Store Sells:

() Meat () Produce () Dry Groceries () Dairy () Frozen Foods

HOURS OF OPERATION:

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____

FRIDAY _____ SATURDAY _____ SUNDAY _____

Signature _____ Date _____
Owner/Operator

Social Security Number or Federal ID: _____