



TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Please provide the following documents:

- Completed Workers' Compensation Affidavit
- Certificate of Workers Comp Liability (if applicable)
- Certificate of General Liability Insurance
Insurance rider must be addressed to:
The Town of Rockland BOH, 242 Union St Rockland, MA. 02370
- Serve Safe Certificate
- Allergen Awareness Certificate
- Check made payable to the Town of Rockland in the appropriate amount
- Completed & signed Application

It is important the applicant signs and completes all sections of application, incomplete applications will be returned. Any business that does not secure their permits will be considered **"Out of Business"**, operating without a license and must start the entire process of submitting plans and filing a new application to operate a Food Establishment in the Town of Rockland. ***NO Exceptions.***

PLEASE NOTE THIS WILL BE THE ONLY NOTIFICATION YOU WILL RECEIVE REGARDING THIS PERMIT.

Sincerely,
Delshaune R. Flipp



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Application to Operate a Food Establishment

Date: _____ FID #: _____

Legal Business Name: _____

DBA: _____

Business Address: _____

Mailing address: _____

Name of Owner: _____

Address of Owner: _____

Phone #: **B:** _____ **C:** _____ **H:** _____

Email Address: _____ (PRINT CLEARLY)

If Corporation or Partnership provide Name, Title & Address

Name: _____ Title: _____

Address: _____

State of Incorporation

Name: _____ Title: _____

Address: _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Amount to be paid</u>
Food Service: 0 – 50 Seats	\$ 100.00	\$ _____
Food Service: 51 – 75 Seats	\$ 125.00	\$ _____
Food Service: Over 75 Seats	\$ 150.00	\$ _____
Retail Food	\$ 125.00	\$ _____
**Mobile Food	\$ 100.00	\$ _____
Residential	\$ 100.00	\$ _____
Catering (Annual)	\$ 125.00	\$ _____
Catering (One Day)	\$ 50.00	\$ _____
Soft Serve Ice Cream	50.00	\$ _____
Milk	\$ 10.00	\$ _____

Applicant's Signature _____