

Fee:

TOWN OF NATICK
BOARD OF HEALTH
13 EAST CENTRAL ST. NATICK, MASSACHUSETTS 01760
Phone 508-647-6460 ● Fax 508-647-6466

APPLICATION FOR PERMIT TO OPERATE A BAKERY

In accordance with the provisions of the Regulation promulgated under authority of Section 9F of Chapter 94 of the General Laws of the Commonwealth of Massachusetts application of a Bakery Permit is hereby made by:

Firm Name:

Mailing Address:

Address:

Telephone:

Type of Business (Circle One) CORPORATION PARTNERSHIP SOLE OWNER

Date of Application:

NAME AND ADDRESS OF CORPORATE OFFICERS: (to be signed by each)

President:

Treasurer:

Clerk:

NAME AND ADDRESS OF PARTNERS: (to be signed by each)

Partner

Partner

Partner

NAME AND ADDRESS OF SOLE OWNER: (to be signed)

PERSON PREPARING APPLICATION: