



**TOWN OF PLYMPTON**  
**BOARD OF HEALTH**  
5 Palmer Road, Plympton, MA 02367  
(781)585-7000

Permit # \_\_\_\_\_

Year \_\_\_\_\_

Fee \$ \_\_\_\_\_

Expires: December 31, \_\_\_\_\_

**APPLICATION FOR PERMIT RENEWAL**  
**FOOD ESTABLISHMENT**

Date: \_\_\_\_\_

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

Establishment Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Name of Owner (if different): \_\_\_\_\_

Emergency Response Person: \_\_\_\_\_

Address of Response Person: \_\_\_\_\_ Phone : \_\_\_\_\_

Type of Establishment (check all that apply):

Food Service \_\_\_\_\_

Mobile Food \_\_\_\_\_

Annual \_\_\_\_\_

Temporary \_\_\_\_\_

Bed & Breakfast \_\_\_\_\_

Caterer \_\_\_\_\_

Residential \_\_\_\_\_

Seasonal \_\_\_\_\_

Retail Food \_\_\_\_\_

Other: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Board Authorized Signature: \_\_\_\_\_