

**TOWN OF FRANKLIN**  
**BOARD OF HEALTH**

Bruce J. Hunchard, Member  
Paul Cheli, Member  
Donald Ranieri Jr., Member  
David McKearney, RS, Health Director  
Ginny McNeil, Health Agent

355 East Central Street  
Franklin, MA 02038  
(508) 520-4905  
FAX (508) 520-4989

**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:

**FIRM NAME** \_\_\_\_\_

**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

\_\_\_\_\_ Name Address

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

\_\_\_\_\_ Name Address

Store Sells Meat Produce Dry Groceries Dairy Frozen Foods

**HOURS OF OPERATION:**

**MONDAY** \_\_\_\_\_ **TUESDAY** \_\_\_\_\_ **WEDNESDAY** \_\_\_\_\_ **THURSDAY** \_\_\_\_\_

**FRIDAY** \_\_\_\_\_ **SATURDAY** \_\_\_\_\_ **SUNDAY** \_\_\_\_\_

**Signature** \_\_\_\_\_  
Owner/Operator

**Date** \_\_\_\_\_

**Social Security Number or Federal ID:** \_\_\_\_\_