



Timothy M. Rivers  
Director

City of Holyoke  
Board of Health

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## Bakery Establishment Permit Application

APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LESS THAN 30 DAYS BEFORE OPENING DATE  
PLEASE SUBMIT ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS WILL BE RETURNED.  
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED.

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_

### ESTABLISHMENT TYPE & FEE SCHEDULE (Check all that Apply)

- Full Bakery - \$150.00 - Only prepares baked goods and sells products for resale
- Limited Bakery - \$50.00 - Prepares and/or sells baked products in addition to restaurant food items

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Owner's/Applicant's Name \_\_\_\_\_

Owner's/Applicant's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If corporation or partnership please provide name, title, telephone number and home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Telephone #</u>

Emergency Contact Person Name & Tel. # \_\_\_\_\_

Signature of Permit Holder: \_\_\_\_\_ Date \_\_\_\_\_

### All Payments Due With Application - \*No Cash Please\*

**For Office Use Only-Make all checks payable to the City of Holyoke-HLT 05**

<u>Date Received</u>	<u>Amount Received</u>	<u>Check No.</u>	<u>Received by:</u>	<u>Customer #:</u>	<u>Invoice #:</u>