

Type # \_\_\_\_\_

CITY OF LYNN  
BOARD OF HEALTH

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

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

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

Business Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Name of Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Home Phone Number of Owner \_\_\_\_\_

Emergency Phone Number of Owner \_\_\_\_\_

Corporation Name \_\_\_\_\_

If Corporation or partnership, give name, title & home address of officers or partners.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State of  
Incorporation \_\_\_\_\_

Name & Address  
of Local Agent \_\_\_\_\_

**If owner can't be reached:**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Emergency E-Mail Address: \_\_\_\_\_

Type of Establishment

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

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

Caterer \_\_\_\_\_

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

Residential \_\_\_\_\_

Duration of Permit

Annual \_\_\_\_\_

Temporary \_\_\_\_\_

Seasonal \_\_\_\_\_

\*Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach separate sheet.

Dates of Operation if not annually: \_\_\_\_\_

Days & Hours of Operation \_\_\_\_\_

LIMITED TO: \_\_\_\_\_

\_\_\_\_\_

Water Source \_\_\_\_\_ Sewage Disposal \_\_\_\_\_