



**CITY OF EASTHAMPTON  
BOARD OF HEALTH**  
50 Payson Ave., Easthampton, MA 01027  
(413) 529-1430 TEL (413) 529-1442 FAX  
Email: health@easthampton.org

**For Office Use:**

DOR License

Workmen's Comp

Check # \_\_\_\_\_

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

**Permit Application**

**2011**

**Please fill out *completely!* Make checks payable to the City of Easthampton**

Legal Name of Establishment:	Establishment Phone:
Establishment Address:	
Permit Holders Name:	Phone:
Address:	

CHECK	TYPE OF ESTABLISHMENT	FEES	TOTAL
<input type="checkbox"/>	*Restaurant (see below) **also need Common Victual**	\$150.00	\$ _____
<input type="checkbox"/>	"NEW" Plan Review Fees for Restaurant size 1,000sq ft or less	\$300.00	\$ _____
<input type="checkbox"/>	"NEW" Plan Review Fees for Restaurant size 1,000sq ft or more	\$500.00	\$ _____
<input type="checkbox"/>	*Common Victual (see below) (sell prepackaged foods)	\$ 50.00	\$ _____
<input type="checkbox"/>	*Bed & Breakfast (see below)	\$100.00	\$ _____
<input type="checkbox"/>	Retail Food Convenience Store (food prepared on site)	\$100.00	\$ _____
<input type="checkbox"/>	Convenience Store (no food prepared on site)	\$ 75.00	\$ _____
<input type="checkbox"/>	Caterer	\$ 75.00	\$ _____
<input type="checkbox"/>	**Mobile Food (see below)	\$ 50.00	\$ _____
<input type="checkbox"/>	Food Service, Non Profit, Town Clubs	\$ 50.00	\$ _____
<input type="checkbox"/>	Daily Rate (Special Event, One Day)	\$ 25.00	\$ _____
<input type="checkbox"/>	Retail Food Service (Grocery Store)	\$250.00	\$ _____
<input type="checkbox"/>	Ice Cream Stand, Bakery etc.	\$ 75.00	\$ _____
<input type="checkbox"/>	Residential Kitchens	\$ 75.00	\$ _____
<input type="checkbox"/>	***Tobacco Sales, any establishment (see below)	\$100.00	\$ _____
<input type="checkbox"/>	Municipal Food Service	No Fee	\$ _____
<input type="checkbox"/>	Massage Facility	\$ 75.00	\$ _____
<input type="checkbox"/>	Tattoo Facility	\$100.00	\$ _____
<input type="checkbox"/>	Body Art Practitioner (Piercer)	\$ 25.00	\$ _____
<input type="checkbox"/>	Tanning Facility	\$ 75.00	\$ _____
<input type="checkbox"/>	Swimming Pool	\$100.00	\$ _____
<input type="checkbox"/>	Camp	\$ 75.00	\$ _____
<input type="checkbox"/>	Lodging House	\$ 75.00	\$ _____
<input type="checkbox"/>	Dormitories	\$ 75.00	\$ _____
<input type="checkbox"/>	Motel	\$100.00	\$ _____
<input type="checkbox"/>	Funeral Director	\$ 50.00	\$ _____
<input type="checkbox"/>	Colon Hydrotherapy Practitioner	\$ 75.00	\$ _____
<input type="checkbox"/>	Colon Hydrotherapy Facility	\$ 75.00	\$ _____
<input type="checkbox"/>	Well Permit	\$ 50.00	\$ _____
<input type="checkbox"/>	Percolation Witness Permit (\$100. 1 <sup>st</sup> 2 hrs; then \$50/hr )	\$ varies	\$ _____
<input type="checkbox"/>	Septic System Construction Permit	\$ 75.00	\$ _____
<input type="checkbox"/>	Pumper Permit	\$ 50.00	\$ _____
<input type="checkbox"/>	Installer Permit	\$ 75.00	\$ _____
<input type="checkbox"/>	Ecology Can Permit, Per Unit, Per Day	\$ 10.00	\$ _____
<input type="checkbox"/>	Ecology Can, Contractor Annual Permit	\$ 50.00	\$ _____
<input type="checkbox"/>	Commercial Stable Annual Permit	\$100.00	\$ _____
<input type="checkbox"/>	Horse Stabling (one time only fee)	\$ 75.00	\$ _____
<input type="checkbox"/>	Wood Burning Furnace	\$100.00	\$ _____
<input type="checkbox"/>	Trash Hauler Permit, Per Truck	\$200.00	\$ _____
<b>TOTAL FEE - Due with Application</b>			\$ _____

**TYPE OF PERMIT**     Annual                       Temporary                       Seasonal                       Day                       Mobile Food

\* If Restaurant: is there a staff person with certification as a Food Protection Manager?     Yes                       No

\*\* Mobile Food Units or Pushcarts: applicants must include a list of the hand-washing and toilet facilities available on each route.

\*\*\* **Tobacco Retailers:** must complete the back of this application and return it signed with the permit application. Attach a copy of your Department of Revenue "Cigarette Retailers License".

**PLEASE SEE REVERSE SIDE**

**WORKPLACE COMPLIANCE SIGNATURE REQUIRED**

As an employer or business owner, I have read and understand the local and state regulations that smoking is not allowed in my place of business, including outdoor areas of restaurants. (Copies can be obtain from Board of Health Office)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Easthampton Board of Health Application for  
"Permit for Location and Sale of Tobacco Products"**

This form must be initialed and signed by the owner of the establishment applying for a Board of Health "Permit for Location and Sale of Tobacco Products". *No permit will be issued until this checklist has been initialed and signed.*

**Initial**

- 1. **I understand** that it is against the law to sell any tobacco product and/or matches/lighters to anyone less than 18 years of age, regardless of how old the person looks.
- 2. **I understand** that the Easthampton Board of Health Regulation requires anyone selling tobacco, lighters or matches to conclusively establish the customer's age as over 18 years old, by means of **government-issued photographic ID**.
- 3. I must check and verify photo ID for anyone **under age 27 years**.
- 4. **I understand and agree** that the Easthampton Board of Health will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that:
  - 5. The Board of Health will send minors into my establishment who will attempt to purchase tobacco products.
  - 6. These minors may or may not look 18 years of age.
  - 7. These minors may or may not have ID.
- 8. **I understand** that self-service tobacco displays from which the customer may select tobacco products, lighters or matches are prohibited: all sales must be face-to-face.
- 9. **I understand** that tobacco vending machines are prohibited.
- 10. **I understand** that the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.
- 11. **I understand** that I must display Department of Public Health signs stating, "**Sale of Tobacco to Minors is prohibited**".
- 12. I will provide the Board of Health with proof of a current "**Cigarette Retailers License**" from the Massachusetts Department of Revenue. (**Attach copy of DOR license**) License # \_\_\_\_\_
- 13. **I understand** that I am responsible for informing any and all persons who sell tobacco about both state and local regulations pertaining to tobacco sales.
- 14. **I understand** that I may not sell tobacco products below state minimum prices
- 15. **I understand** that penalties for violation of the regulation include monetary fines and/or suspension of this permit for **seven days, thirty days or one year**.

I have read and understand the Easthampton Board of Health "Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco" and agree to abide by them. Smoking is not permitted in any public place or workplace. I'm **Certifying that the above listed name is the legal name of this business.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please Print Name \_\_\_\_\_