



Town of Dighton
Board of Health
Food Establishment Permit Application

Establishment Name:	
Establishment Address:	
Establishment Mailing Address: (if different)	Hours of Operation:
Establishment Phone Number:	
Applicant Name and Title:	
Applicant Phone Number:	
Owner Name and Title (if different from applicant)	
Owner Address (if different from applicant)	
Establishment Owned By: An association A corporation An individual A partnership Other legal entity _____	
If a corporation or Partnership, give name, title and home address of officers or partners _____ _____ _____	
Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title:	
Address:	
Telephone Number:	
Emergency Telephone:	
District or Regional Supervisor (if applicable)	
Name & Title:	
Address:	
Telephone Number:	



Submit with this application

A fee of \$100.00 made payable to the Town of Dighton

A copy of Serve Safe Certification

A copy of Allergen Awareness Certification

Worker's Compensation Insurance Affidavit

A copy of Liability Insurance with the Town of Dighton named as an insured

***Double fee for operating without proper license/permit plus applicable MGL fines**

- * All food related licenses/permits include one inspection**
- * Non Profit Food Service / Vendor 50% of Standard Fee**
- * 501 C Certificate needed for Non Profit Eligibility**