

RESIDENTIAL KITCHEN INSPECTION APPLICATION
Petersham Board of Health
Expires December 31

Fee: \$50

Today's Date:

1. Establishment Name:

2. Establishment Address:

3. Establishment Mailing Address (if different)

4. Establishment Telephone Number:

5. Applicant Name & Title:

6. Applicant Address:

7. Applicant Telephone Number:

8. Owner Name & Title (if different from applicant):

9. Owner Address (if different from applicant):

10. Establishment Owned By: 11. If a corporation or partnership, give name, title, and home address of officers or partner.

- An association
- A corporation
- An individual
- A partnership
- Other legal entity _____

Name, title, address:

12. Person directly responsible for daily operations (owner, person in charge, supervisor, manager, etc.)

Name and title:

Address:

Telephone No:

FAX:

Emergency Telephone No: