

THE FOLLOWING IS REQUIRED BEFORE THE APPLICATION AND FEE WILL BE ACCEPTED. NO EXCEPTIONS.

- Copies of well water analysis
- Certificate of Worker's Compensation Insurance (see attached)
- Certificate of Liability Insurance

FOR SEASONAL FOOD ESTABLISHMENTS, OPENING INSPECTIONS MUST BE SCHEDULED AND CONDUCTED NO LATER THAN 2 WEEKS PRIOR TO PLANNED OPENING DATE.



**TOWN OF EASTHAM
BOARD OF HEALTH**
2500 State Highway, Eastham, MA 02642
508-240-5900
Fax 508-240-5908
Email: health@eastham-ma.gov

FOR BOARD OF HEALTH USE ONLY

Date Rec'd: _____ \$

Payment Type: _____

Servsafe Certificate Allergy Awareness Certificate

Well water analysis

Certificate of Worker's Comp

Certificate of Liability Insurance

Reviewed By: _____

OK Hold

INN APPLICATION

Renewal	*New _____	*New businesses must meet with the Health Agent and file application at least 30 days prior to opening.
Establishment Name:		
Establishment Address:		
Establishment Mailing Address (if different):		
Establishment Phone #:		
Applicant Name:		
Applicant Address:		
Applicant Mailing Address (if different):		
Applicant Phone #:		24 Hour Emergency #:
Email Address:		

Water Source: DEP Public Water Supply # (if applicable):
Sewage Disposal:
Days and Hours of Operation:
If Seasonal, operational dates:
Number of Units:
Total Guest Capacity:
Restaurant on Premises (if yes, food establishment application required): Snack Bar on Premises (if yes, food establishment application required): Continental Breakfast Served to Guests (if yes food establishment application required):

Pursuant to MGL Ch. 62C section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes as required by law.

Signature of Applicant: _____ **Date:** _____

Social Security # or Federal ID #: _____

