



Form G
Application for Retail Food Establishment Permits
from the Lincoln Board of Health

Name of Establishment _____

Address of Establishment _____

Assessor's Map _____ Parcel Number _____

Name of Owner _____ Phone _____

Mailing Address _____

Type of Permit	Applicable Laws	Fee
Permit to Operate a Retail Food Establishment (Please \checkmark one) Retail Food Store with Food Service & Bakery <input type="checkbox"/> Up to 1,500 sq. ft. <input type="checkbox"/> 1,500 to 5,000 sq. ft. <input type="checkbox"/> over 5,000 sq. ft.	105 CMR 590.000/ 105 CMR 550.000	\$200
Retail Food Store without a Food Service & Bakery <input type="checkbox"/> Up to 1,500 sq. ft. <input type="checkbox"/> 1,500 to 5,000 sq. ft. <input type="checkbox"/> over 5,000 sq. ft.	105 CMR 590.000	\$200
Farm Stand <input type="checkbox"/> Only fresh fruits and vegetables <input type="checkbox"/> More than fresh fruits and vegetables (i.e., cider mill; pies, milk, eggs, cheese, etc.)	MGL, Ch. 34, s. 305c	\$50
θ License to Operate a Residential Retail Kitchen	105 CMR 590.028	\$50
θ License for Catering Registration	105 CMR 590.000	\$0
θ License to Operate a Pasteurization Establishment	MGL Ch 94, s 28	\$10
θ License to Sell Milk & Cream (more than 20 quarts/day)	MGL Ch 94, s 40	\$2
θ Plan Review of a Retail Food Establishment	105 CMR 596.048	\$100

I, the undersigned, hereby apply to the Lincoln Board of Health for the above-referenced permits in accordance with the listed applicable laws. I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required under law.

Signature of Applicant*

By: Corporate Officer

SS# or FID#

Date of Application

Section A – General Information

Establishment owned by: Individual Partnership Corporation (state of corporation)

Name & address of each owner, partner, or corporate officer:

Name	Title	Home Address	Phone #
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Local agent of partnership or corporation, if applicable:

Name	Title	Home Address	Phone #
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Section B – Information about Retail Food Service Establishment

What is the combined square footage of retail and non-retail floor space in the establishment?
_____ square feet

*Permit will not be issued unless certification clause is signed by applicant. Social security numbers will be furnished to the Mass. Dept. of Revenue to determine whether the applicant has met filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made in accordance with MGL Ch. 62C, s. 49 A.