

**Chelmsford Town Offices**  
**Board of Health**  
 50 Billerica Road  
 Chelmsford, MA 01824-2777  
 Tel: 978-250-5241  
 Fax: 978-250-5244  
www.townofchelmsford.us



**Eric P. Kaplan, MD, Chairman**  
**Nicholas H. Parlee, Vice Chairman**  
**Annmarie Roark, Clerk**  
**Richard J. Day, Health Director**  
**Sue Rosa, RN, Healthcare Services Manager**  
**Mark Masiello, Health Inspector**  
**Carole McCaul, Departmental Assistant**

**Application for License/Permit**

1. \_\_\_\_\_  
*Name of Business or Person Applying*

2. \_\_\_\_\_  
*Address*

3. Telephone # (Work) \_\_\_\_\_ 4. (Home/Cell) \_\_\_\_\_

5. \_\_\_\_\_ 6. (FAX/Email) \_\_\_\_\_  
*Name of Owner (If Business)*

7. \_\_\_\_\_  
*Address of Owner*

8. \_\_\_\_\_  
*Mail Correspondence To*

**TYPE OF LICENSE/PERMITS**

- \_\_\_\_\_ Animal (Type & No.) (Initial \$30.00, Renewal \$15.00) \_\_\_\_\_
- \_\_\_\_\_ Bakery (\$120.00)
- \_\_\_\_\_ Camp (Recreational) (\$20.00 per week or \$60.00 per session max.) \_\_\_\_\_
- \_\_\_\_\_ Catering (\$120.00)
- \_\_\_\_\_ Dumpster (\$15.00 each) Name of Company \_\_\_\_\_
- \_\_\_\_\_ Farmers Market \_\_\_\_\_ \$35.00 for Year Round
- \_\_\_\_\_ Food Establishment: (< 99 seats) \$145.00 \_\_\_\_\_ (>100 seats) \$300.00 \_\_\_\_\_
- \_\_\_\_\_ Frozen Dessert (\$65.00)
- \_\_\_\_\_ Installer (Septic System) (\$125.00) – Test Required
- \_\_\_\_\_ Lodging House (\$300.00)
- \_\_\_\_\_ Milk & Cream (\$5.00)
- \_\_\_\_\_ Mobile Food Server (One Day \$25.00 - Seasonal \$65.00 – Year Round \$145.00) – License # \_\_\_\_\_
- \_\_\_\_\_ Pumper (Septic) (\$150.00)
- \_\_\_\_\_ Refuse Hauler (\$130.00 each) \_\_\_ Commercial \_\_\_ Residential \_\_\_ Recycling
- \_\_\_\_\_ Store Retail Food Establishment: (<15,000 sq ft) \$145.00 \_\_\_\_\_; (>15,000 sq ft) \$350.00 \_\_\_\_\_
- \_\_\_\_\_ Swimming Pool (\$70.00) – Inspection Required
- \_\_\_\_\_ Tanning Facility (\$150.00) – Inspection Required
- \_\_\_\_\_ Tobacco Sales (\$150.00)
- \_\_\_\_\_ Other \_\_\_\_\_

9. \_\_\_\_\_ Date: \_\_\_\_\_  
*Signature of Applicant*

**Total: \_\_\_\_\_ Check Payable to: Town of Chelmsford**  
**Please Mail To: Board of Health Office, 50 Billerica Road, Chelmsford, MA 01824**