



**CITY OF LYNN MASSACHUSETTS**  
Inspectional Services Department  
Room 401, Lynn City Hall, Lynn, MA 01901  
p. 781-598-4000 ~ f. 781-477-7031  
Website: [www.lynnisd.com](http://www.lynnisd.com)

**PERMIT TO OPERATE A FOOD ESTABLISHMENT**

Date \_\_\_\_\_ Type # \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Name of Owner \_\_\_\_\_

Home Address of Owner \_\_\_\_\_

Home Phone Number of Owner \_\_\_\_\_

Emergency Phone Number of Owner \_\_\_\_\_

Corporation Name \_\_\_\_\_

If Corporation or partnership, give name, title & home address of officers or partners \_\_\_\_\_

\_\_\_\_\_

State of Incorporation \_\_\_\_\_

Name & Address of local Agent \_\_\_\_\_

If owner can't be reached:

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Type of Establishment

Duration of Permit

Retail Food \_\_\_\_\_

Annual \_\_\_\_\_

Food Service \_\_\_\_\_

Temporary \_\_\_\_\_

Caterer \_\_\_\_\_

Seasonal \_\_\_\_\_

Mobile Food\* \_\_\_\_\_

Residential \_\_\_\_\_

Dates of Operation if not annually \_\_\_\_\_ Day and Hours of Operation \_\_\_\_\_

LIMITED TO \_\_\_\_\_

Water Source \_\_\_\_\_ Sewage Disposal \_\_\_\_\_

\* - Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach a separate sheet.