

Date: _____

FEE \$100.00

REQUEST FOR TRANSFER OF PERMIT(S)

Town of Salisbury

BOARD OF HEALTH

5 Beach Road

Salisbury, MA 01952

Telephone: 978-465-4410 Fax: 978-465-9958

Please Print

CURRENT OWNER INFORMATION

NAME OF CURRENT ESTABLISHMENT _____

ADDRESS OF CURRENT ESTABLISHMENT _____

CURRENT OWNER'S NAME _____ TELEPHONE _____

PROPOSED OWNER INFORMATION

NAME CHANGE OF ESTABLISHMENT, IF ANY _____

NAME OF NEW OWNER _____

MAILING ADDRESS _____

TELEPHONE NUMBER _____

SOCIAL SECURITY #/FEDERAL IDENTIFICATION# _____

I/We are proposing to purchase and operate the above named establishment. The following permits are requested to be transferred (check all that apply):

_____ Food Service _____ Muscle / Massage Therapy _____ Pool _____ Other*

_____ Milk/Cream _____ Suntanning Salon _____ Tobacco Sales

_____ Health Club _____ Mobile Food Service _____ Hotel

* Describe other permits requested for transfer _____

We also intend to apply for the following permits (itemize permits applied for):

Upon receipt of an application for transfer of a permit(s), the Board of Health will conduct an inspection and determine a permit(s) will be transferred. Said determination will occur within thirty (30) days of receipt of a properly filed application.

Print Name of Applicant

Signature of Applicant

FOR OFFICE USE ONLY

Date of Review _____

Date of 1st Transfer Inspection _____

Date of 2nd Transfer Inspection _____

Other: _____

RECEIVED

