



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

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Email: boh@townofhardwick.com

FROZEN FOOD PERMIT APPLICATION

FEE \$10.00

1. Name of Establishment _____

Address _____

Telephone Number _____

Mailing Address (if different) _____

2. Applicant Name & Title _____

Address _____

Telephone Number _____

24-Hour Emergency Telephone Number _____

I, the undersigned, attest to the accuracy of the information provided in this application and, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature of Applicant _____ Date: _____

Social Security Number or Federal ID _____

Signature of Individual or Corporate Name _____