

PERMIT # _____ FEE _____ RECEIVED DATE _____ CHECK # _____



Town of Granby
Kellogg Hall, 250 State Street
Granby, MA. 01033
413-467-7174
413-467-2080 Fax
boh@granbyma.org

Dear Licensee:

YOU MUST COMPLETE, SIGN AND PRESENT OR MAIL THIS FORM WITH YOUR REMITTANCE , A COMPLETED WORKMANS COMP FORM FOR THE STATE, AND A COPY OF YOUR LIABILITY INSURANCE AND A COPY OF VICTUALLER'S LICENSE FROM SELECTMENT'S OFFICE IN ORDER TO RECEIVE YOUR LICENSE/PERMITS.

The Board of Health office is located at Kellogg Hall, 250 State Street, Granby, MA. 01033, and our office hours are Monday – Friday 9:00 a.m. to 1:00 p.m.

Thank you,
Granby Board of Health

Name of Business: _____
(Print)

Phone: _____
Cell: _____

Owners Name: _____
(Print)

Mailing Address: _____

City, State, Zip: _____

Business Address if different from mailing address: _____

FID NUMBER: _____

TATOO ESTABLISHMENT LICENSE.....\$100.00

***ALL ANNUAL PERMITS EXPIRE DECEMBER 31.**

*** PAYMENT IS DUE WITH THIS APPLICATION.**

Signature of Owner or Applicant and Title: _____

Date: _____

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