Date Received: _____

Check Number: _____

Amount Paid: _____

Date Approved: _____

Town of Dennis Health Department
685 Route 134
South Dennis, MA 02660
Phone: 508-760-6158 email: healthdepartment@town.dennis.ma.us

License(s) Application Form

Establishment Name & Address	***Business Owner & Address***

Phone:	**Phone:**

License(s)	**Fee(s)**
	$
	$
	$
	$
	$
	$
Total Amount Due:	***$***

Please make checks payable to "Town of Dennis"

Total Number of Seats (***Food Service Establishments Only***):
Emergency phone number:
Opening Date (***Seasonal Establishments Only***):
Does your Establishment have a Generator? ☐ Yes ☐ No

Comments: _____
_____
_____
_____

Signature: _____ **Date:** _____