



TOWN OF TRURO

P.O. Box 2030, Truro, MA 02666

Licensing Office

Tel: 508-349-7004 , Extension: 10 & 24 Fax: 508-349-5505

NEW BUSINESS CHECKLIST

Name of Establishment: _____ Licensing Year: _____

Type of Establishment:

- ☐ Motel ☐ Condominium ☐ Campground ☐ Bed & Breakfast ☐ Lodging/Inn
☐ Gas Station ☐ Retail ☐ Food Service Establishment ☐ Mobile Food Vendor
☐ Cottage Colony

APPLICATIONS/CERTIFICATIONS

Required

Received

Application for Food Service
(restaurant/Deli/Take-Out/Pre-packaged food
items)

☐☐

Menu enclosed

☐☐

Certified Food Protection Manager

Exp Date: _____

☐☐

Allergen Awareness Training Certification

Exp Date: _____

☐☐

Choke Saver Training

Date: _____

☐☐

Service Report for Ware Washing Equipment

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Well Water Analysis & Bottle Water Contract

☐☐

Attestation of License Renewal

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Workers Compensation

☐☐

Certificate of Insurance

Exp Date: _____

☐☐

Fire Alarm Test Report/System Insp. Report

Date: _____

☐☐

Application for Pool/Spa/Hot Tub Permit

☐☐

Water Analysis for Pool/Spa/Hot Tub

Date: _____

☐☐

Food Service Seating/Facility Layout Plan

☐☐

All documentation must be turned in to the Licensing Department with the completed application form and check made payable to The Town of Truro. An inspection of your establishment will be scheduled with the Building and Health Department. Upon a satisfactory inspection, a public hearing will be scheduled before the Board of Health. You will be notified of the date and time of the hearing. Attendance is required.
