



Board of Health
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Director of Public Health

TOWN OF SAUGUS

BOARD OF HEALTH
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Public Health
Prevent. Promote. Protect.

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APPLICATION FOR FOOD ESTABLISHMENT PLAN REVIEW

ESTABLISHMENT CONTACT INFORMATION

Name of Establishment: _____ Date: _____

Establishment Address: _____

Name of Owner: _____ Email Address: _____

Manager: _____ Phone No. At Establishment: _____

If a Corporation or Partnership, attach list of names, titles and home addresses of officers or partners.

State of Name & Address Incorporation _____ of Local Agent _____

TYPE OF ESTABLISHMENT FEE TO BE PAID

The following checklist has been developed to help you with your application submission of these required documents. Application must be completed in full, all requested documents must be submitted and all fees and taxes owed must be paid to complete processing your application.

Full set of plans

Proposed menu

Incomplete or missing documents will result in delay of your application.