



TOWN OF GRANBY

215B West State Street

Granby, MA. 01033

413-467-7174 413-467-3101 Fax

boh@granbyma.org

Town Website: www.granby-ma.gov

Dear Licensee:

Please complete, sign and present or mail this application with permit fee, a completed Workers' Compensation Insurance Affidavit, a copy of your liability insurance, and a copy of the Common Victuallers license from the Selectboard's office in order to receive your license or permit.

The Board of Health office is located at 215B West State Street, Granby, MA 01033, and our office hours are Monday – Thursday 9:00 am to 2:00 pm, Friday 9:00 am to 12:00pm

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: _____

BEAUTY SALON PERMIT.....\$50.00

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

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

***PLEASE MAKE CHECK PAYABLE TO TOWN OF GRANBY**

Signature of Owner or Applicant and Title: _____

Date: _____

If additional inspections are needed due to health code violations, \$50.00 per visit will be charged.