

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



Susan Y. Sawyer, REHS/RS
Public Health Director

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MESSAGE ESTABLISHMENT APPLICATION

Name:

Date:

Home Address:

Telephone #:

Fax #:

Name of Business:

Location of Business:

Telephone of Business:

Hours of Operation:

SS# or Federal ID#:

FEE: \$160.00 Payable to: Town of North Andover
LATE FEE AFTER JANUARY 1st WILL DOUBLE THE COST - \$320.00

A copy of the regulations may be obtained at the Health Office. Before a permit can be issued, you must submit your application and a site plan showing the complete floor plan, including all fixtures of the proposed establishment. Regulations must be reviewed to assure full compliance.