

LICENSE INSPECTION SLIP

Applicant: Mike Mastronardi

Business Name: Fit to Eat

Address: 164 Middle St, Suite 5

Phone : 761-4441

Type of License: FSE With Prep

Occupancy: _____ **Entertainment:** NO

Amusements: NO **Pool Tables:** NO

NEW APPLICATION

Date Issued: 12-8-09

Date of Application: 12-8-09

Comments:

CBL: 029 O 002

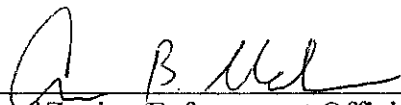
Outdoor Dining: NO

Contact: Mike Mastronardi, 761-4441

ZONING: Approved Denied Zone B-3

CHANGE OF USE PERMIT Not Required Required Issue Date _____

12/11/09
Date


Signature of Zoning Enforcement Official

Comments: Assessor's address - 160 Middle St. Permit to establish #04-0844.

INSPECTION Services: Approved Conditional Approval Denied

Date

Signature of Inspector

Date

Signature of Chief or Asst. Chief of Inspection

Comments: State License Posted _____

FIRE Prevention Bureau: Approved Conditional Approval Denied

Date

Signature of Inspector

Comments: PLEASE RECORD OCCUPANCY LIMITS and let me know if there is outdoor dining.