



Town of East Longmeadow

## Statement of Yearly Gross Income

Establishment Name	
Applicant's Name & Title	
Establishment Address	
SSN or Federal ID	

Please check one of the sales figures below to designate the yearly gross income of your business to be used as the basis for paying the proper Board of Health permit fees to the Town of East Longmeadow.

- Less than \$200,000;  
 \$200,000 to \$1,000,000; or,  
 Greater than \$1,000,000.

I, \_\_\_\_\_ (applicant name/title),  
hereby declare that, to the best of my knowledge and belief, the information contained herein is true, accurate, and complete.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date