



William Martin  
Mayor

City known as the Town of  
**GREENFIELD, MASSACHUSETTS**

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**Public Health**

**GREENFIELD HEALTH DEPARTMENT**

Town Hall • 14 Court Square • Greenfield, MA 01301  
Phone 413-772-1404 • Fax 413-772-2238  
[www.greenfield-ma.gov](http://www.greenfield-ma.gov)

## Memorandum

**To:** Board of Health  
**From:** Jasmine Ward, Health Clerk  
**Date:** 2/21/2018  
**Re:** The Meadows of Greenfield Past due Permit late fees

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2018 Food Establishment permit (\$245) was paid to the Treasurer Collectors office today 2/21/2018. Along with a \$25 fee for a returned check.

Permit renewal late fees have accrued for the permit being 7 weeks past due. \$25/wk. (see invoice 2018-10)

Town of Greenfield  
 Health Department  
 14 Court Square  
 Greenfield, Massachusetts 01301

Invoice No. 2018-10

**INVOICE**

**Customer**

Name Meadows Café  
 Address 398 Deerfield Street  
 City Greenfield State MA ZIP 01301  
 Phone \_\_\_\_\_

**Misc**

Date 2/21/2018  
 Order No. \_\_\_\_\_  
 Rep \_\_\_\_\_  
 FOB \_\_\_\_\_

Qty	Description	Unit Price	TOTAL
	2018 Permit Renewal		
0	Food Establishment (51-100 Seats) - PAID to collectors office 2.21.2018	\$245.00	\$ -
1	Late Fee week of 1/7/18-1/13/18	\$ 25.00	\$ 25.00
1	Late Fee week of 1/14/18-1/20/18	\$ 25.00	\$ 25.00
1	Late Fee week of 1/21/18-1/27/18	\$ 25.00	\$ 25.00
1	Late Fee week of 1/28/18-2/3/18	\$ 25.00	\$ 25.00
1	Late Fee week of 2/4/18-2/10/18	\$ 25.00	\$ 25.00
1	Late Fee week 2/11/18-2/17/18	\$ 25.00	\$ 25.00
1	Late Fee week of 2/18/18-2/24/18	\$ 25.00	\$ 25.00
*** Please note \$25/week fees will continue to accrue until your account balance is paid in full. Please call for total balance due.			

SubTotal	\$ 175.00
Shipping	
<b>TOTAL</b>	<b>\$ 175.00</b>

**Payment**  Check

Comments \_\_\_\_\_  
 Name \_\_\_\_\_  
 CC # \_\_\_\_\_  
 Expires \_\_\_\_\_

Tax Rate(s)

Office Use Only

*This invoice must be paid in 30 days. Please make any payments noted on this invoice to the Town of Greenfield. If there is an error with this invoice, please notify the health department so that the appropriate corrections can be made. If you feel that you should be exempt from these charges you can make your request in writing to the Board of Health for consideration within two (2) weeks of receipt of this invoice.*