

FOR BOARD OF HEALTH USE ONLY

Date Received _____

Date Inspected _____

Approved By _____

Permit # Issued _____

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date.)

1) Establishment Name:		
2) Establishment Address:		
3) Establishment Mailing Address (if different):		
4) Establishment Telephone No:		
5) Applicant Name & Title:		
6) Applicant Address:		
7) Applicant Telephone No:		24 Hour Emergency No:
8) Owner Name & Title (if different from applicant):		
9) Owner Address (if different from applicant):		
10) Establishment Owned By:		11) If a corporation or partnership, give name, title & home address of officers or partner.
An association _____		
A corporation _____		
Other legal entity _____		
An individual _____		
A partnership _____		
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)		
Name & Title:		
Address:		
Telephone #:		Fax:
Emergency Telephone #		
13) District or Regional Supervisor (if applicable):		
Name & Title:		Telephone #:
Address:		
Food Establishment Information		
14) Water Source: Municipal Private		15) Sewage disposal: Municipal Private
16) Days and Hours of Operation:		
17) # of Food Employees:		# of Employees Certified in Food Protection Management
18) Name(s) of Employee(s) in Charge Certified in Food Protection Management:		

Photocopy of certificate(s) required, if not on file with Board of Health.		
19) Person Trained in Anti-Choking Procedures (if 25 seats or More):		Yes No
Name:		_____

20) Location: <i>check one</i>		21) Length of permit: <i>check one</i>
Permanent Structure		
Mobile		Annual Seasonal/Dates: Temporary/Dates/Time:

Both sides of this form must be completely filled out.

22) Check all that apply			
<input type="checkbox"/> Retail (_____sq. ft.)	\$ 75.00	<input type="checkbox"/> Bakery	\$ 50.00
<input type="checkbox"/> Food Service (____Seats)	\$ 150.00	<input type="checkbox"/> Caterer	\$ 50.00
<input type="checkbox"/> Food Service - Takeout		<input type="checkbox"/> Mobile Service	\$ 100.00
<input type="checkbox"/> Food Service - Institution	\$ 150.00	<input type="checkbox"/> Frozen desert	\$ 25.00
<input type="checkbox"/> Food Delivery	\$ 50.00	<input type="checkbox"/> Milk & Cream	\$ 25.00
<input type="checkbox"/> Residential Kitchen for Retail Food	\$ 100.00	<input type="checkbox"/> Food Court	\$50.00
<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home		<input type="checkbox"/> Temporary Food Service	\$ 50.00
<input type="checkbox"/> Special Event Food Service 3day/7day	\$ 150.00		

Total Permit Fee: \$ _____

Other (Describe) _____

Payment is due with application

23) Food Operations:

Definitions:

Check all that apply

- PHF- potentially hazardous food (time/temperature controls required)
 Non-PHF's - non-potentially hazardous food (no time/temperature controls required)
 RTE - ready-to-eat foods (Ex, sandwiches, salads, muffins which need no further processing)

- | | |
|---|--|
| <input type="checkbox"/> Sale of Commercial Pre-Package Non-PHF's. | <input type="checkbox"/> Sale of Commercially Pre-package PHFs |
| <input type="checkbox"/> Juice Manufactured & Packaged for Retail | <input type="checkbox"/> Customer Self-Service. |
| <input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 hours. | <input type="checkbox"/> Offers RTE PHF in Bulk Quantities. |
| <input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only. | <input type="checkbox"/> Vacuum Packaging/Cook Chill. |
| <input type="checkbox"/> Ice Manufactured and packaged for Retail Sale. | <input type="checkbox"/> PHF Cooked to Order. |
| <input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin. | <input type="checkbox"/> Preparation of Non-PHF's. |
| <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food. | <input type="checkbox"/> Delivery of Package PHFs. |
| <input type="checkbox"/> Preparation of PHFs For Hot & Cold Holding for Single Meal Service. | |
| <input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer. | |
| <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service. | |
| <input type="checkbox"/> Hot PHF Cooked & Cooled or Hot Held for More Than a Single Meal Service. | |
| <input type="checkbox"/> PHF & RTE Foods Prepared for Highly Susceptible Population Facility. | |
| <input type="checkbox"/> Use of Process Requiring A Variance &/or HACCP Plan (including bare hand contact alternative, time as public health control). | |

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

Both sides of this form must be completely filled out.