



Date Received _____

Amount Received _____

Permit ID# _____

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:	Email Address:												
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: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
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12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:													
Address:													
Telephone No:	Fax:												
Emergency Telephone No:													
13) District Or Regional Supervisor (if applicable)													
Name & Title:													
Address:													
Telephone No:	Fax:												

Food Establishment Information

14) Water Source: Sewage Disposal:	DEP Public Water Supply No: 	15) Days and Hours of Operation: 																												
16) Rubbish Disposal Co. Name: Recycling Co. Name:	(Recycling is Mandatory)	17) No. of Food Employees: 																												
18) Name of Person In Charge Certified in Food Protection Management: _____ Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate(s).																														
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of certificate(s). Allergy Awareness Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of certificate(s).																														
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">__ Retail Food: Limited Novelty</td> <td style="width: 20%;">\$100.00</td> <td style="width: 30%;">__ Food Service 0-20 seats</td> <td style="width: 20%;">\$175.00</td> </tr> <tr> <td>__ Under 1000 sq. ft.</td> <td>150.00</td> <td>__ 21-100 seats</td> <td>250.00</td> </tr> <tr> <td>__ 1001-3000 sq. ft.</td> <td>250.00</td> <td>__ 101-200 seats</td> <td>350.00</td> </tr> <tr> <td>__ 3001-5001 sq. ft.</td> <td>350.00</td> <td>__ Over 200 seats</td> <td>400.00</td> </tr> <tr> <td>__ Over 5001 sq. ft.</td> <td>400.00</td> <td>__ Churches</td> <td>100.00</td> </tr> <tr> <td></td> <td></td> <td>__ Schools</td> <td>100.00</td> </tr> </table>		__ Retail Food: Limited Novelty	\$100.00	__ Food Service 0-20 seats	\$175.00	__ Under 1000 sq. ft.	150.00	__ 21-100 seats	250.00	__ 1001-3000 sq. ft.	250.00	__ 101-200 seats	350.00	__ 3001-5001 sq. ft.	350.00	__ Over 200 seats	400.00	__ Over 5001 sq. ft.	400.00	__ Churches	100.00			__ Schools	100.00				
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21) (check one) __ Annual __ Seasonal (6 months or less) __ Temporary \$20.00 non-profit \$50.00 profit	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">__ Year Round Mobile Food Truck / Food Cart</td> <td style="width: 20%;">150.00</td> <td style="width: 30%;">__ Milk</td> <td style="width: 20%;">5.00</td> </tr> <tr> <td>__ Catering</td> <td>150.00</td> <td>__ Ice Cream</td> <td>5.00</td> </tr> <tr> <td>__ Concession Stand</td> <td>150.00</td> <td>__ Frozen Dessert Machine</td> <td>25.00</td> </tr> <tr> <td>__ Residential Kitchen</td> <td>150.00</td> <td>__ Self Serve Beverage</td> <td>25.00</td> </tr> <tr> <td></td> <td></td> <td>__ Bakery</td> <td>50.00</td> </tr> <tr> <td></td> <td></td> <td>__ Seasonal (6 months or less ½ of the above)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>__ Transfers</td> <td>25.00</td> </tr> </table>		__ Year Round Mobile Food Truck / Food Cart	150.00	__ Milk	5.00	__ Catering	150.00	__ Ice Cream	5.00	__ Concession Stand	150.00	__ Frozen Dessert Machine	25.00	__ Residential Kitchen	150.00	__ Self Serve Beverage	25.00			__ Bakery	50.00			__ Seasonal (6 months or less ½ of the above)				__ Transfers	25.00
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TOTAL AMOUNT DUE _____																														

23) Food Operations: (check all that apply):	Definitions: PHF – potentially hazardous food (time/temperature controls required) Non-PHF – 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 Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

Other (Describe):

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.

As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the board of health in accordance with 105 CMR 590.001 (FC8-404.11). Imminent health hazards include but are not limited to:

- Remodeling
- Fires
- Floods
- Extended Interruption of Electrical or Water Service
- Sewage Backup
- Misuse of Poisonous or Toxic Materials
- Onset of an Apparent Foodborne Illness Outbreak
- Gross Unsanitary Occurrences or Conditions, or
- Suspected Food Tampering
- Any Other Circumstance That May Endanger Public Health

(A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard.)

As the permit holder, I understand that the person in charge must immediately notify the board of health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.003(G).

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my 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: _____

<p><i>To be completed by the Board of Health</i></p> <p>Total Permit Fee: _____</p> <p>Payment is due with application.</p>

MAKE SURE YOU HAVE ENCLOSED:

- **copy(s) of Food Manager's certificate(s)**
- **copy(s) of CPR/Choke Saver training**
- **copy(s) of Allergy Awareness Training certificate(s)**

Applications received without these certificates...will not be processed.