

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED

DATE INSPECTED

APPROVED BY

PERMIT # ISSUED

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**FOOD ESTABLISHMENT PERMIT APPLICATION**

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

1) <b>Establishment Name:</b>													
2) <b>Establishment Address:</b>													
3) <b>Establishment Mailing Address (if different):</b>													
4) <b>Establishment Telephone No:</b>													
5) <b>Applicant Name &amp; Title:</b>													
6) <b>Applicant Address:</b>													
7) <b>Applicant Telephone No:</b>													
8) <b>Owner Name &amp; Title (if different from applicant)</b>													
9) <b>Owner Address (if different from applicant)</b>													
10) <b>Establishment owned By:</b> <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) <b>If a corporation or partnership, give name, title, and home address of officers or partner.</b> <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>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
12) <b>Person directly responsible for daily operation (owner, person in charge, supervisor, manager, etc.)</b>													
<b>Name &amp; Title:</b>													
<b>Address:</b>													
<b>Telephone No:</b>	<b>Fax:</b>												
<b>Emergency Telephone No:</b>													
13) <b>District or Regional Supervisor (if applicable)</b>													
<b>Name &amp; Title:</b>													
<b>Address:</b>													
<b>Telephone No:</b>	<b>Fax:</b>												

14) <b>Water Source:</b> DEP Public Water Supply No: (if applicable)		15) <b>Sewage Disposal:</b>	
16) <b>Days &amp; Hours of Operation:</b>		17) <b>No. of Food Employees:</b>	
18) <b>Name of Person in Charge Certified in Food Protection Management:</b> <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate</i>			
19) <b>Name(s) of person Trained in Anti-Choking Procedures (Required if 25 seats of more)</b> <i>Please attach copy of certificate(s)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) <b>Location</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) <b>Establishment Type:</b> FOOD SERVICE-(SEATS) <b>PLEASE INDICATE # OF SEATS</b> * 0-24 SEATS \$100.00 * 25-50 SEATS \$150.00 * 51+ SEATS \$200.00 (Maximum Fee)  Seasonal \$100.00 Temporary \$20.00 Per Day	
21) <b>Length of Permit</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____			
23) <b>Food Operations:</b> (check all that apply):		Definitions: PHF-Potentially Hazardous Food(Time/Temperature Controls Required) NonPHFs-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 Parishable 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 PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe)	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Service	
	<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food		

**\*\*ALL BUSINESSES MUST COMPLETE NUMBERS 24 THROUGH 26. NO EXCEPTIONS.**

*To be completed by the Board of Health*  
**Total Permit Fee:** \_\_\_\_\_  
**Payment is due with application**

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 of my 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: \_\_\_\_\_