

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:													
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>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
12) Person directly responsible for daily operation (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:												

14) Water Source: DEP Public Water Supply No: (if applicable)		15) Sewage Disposal:	
16) Days & Hours of Operation:		17) No. of Food Employees:	
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate</i>			
19) Person Trained in Anti-Choking Procedures (if 25 seats of more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type: Mobile Food Permit \$150.00	
21) Length of Permit (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____		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)	
23) Food Operations: (check all that apply):			
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<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:** _____