

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 Hr. Emergency No: _____

8.) Owner Name & Title (if different from applicant): _____

9.) Owner Address (if different from applicant): _____

10.) Establishment Owned By:

- ☐ An Association
- ☐ A Corporation
- ☐ An Individual
- ☐ A Partnership
- ☐ Other legal entity _____

11.) If a corporation or partnership, give name, title, and home address of officers or partner.

<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, Ect..)

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: _____		15.) Sewage disposal: _____	
DEP Public Water Supply No. (<i>if applicable</i>)			
16.) Days and Hours of Operation:		17.) No. of Food Employees:	
18.) Name of Person in Charge Certified in Food Protection Management: _____ <i>Required as of 10/1/2000 in accordance with 105CMR 590.003(A) Please attach copy of certificate.</i> **This person certified should also have a certificate of allergen awareness training. <i>Required as of 2/1/2011 in accordance with 105 CMR 590.009(G) Please attach copy of certificate.</i>			
19.) Person Trained in Anti-Choking Procedures (if 25 seats or more): Yes No			
20.) Location: (<i>check one</i>) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Unit		22.) Establishment Type: (<i>check all that apply</i>) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Retail (Sq. Ft.) <input type="checkbox"/> Food Service <input type="checkbox"/> Food Service – (Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (Meals/Day) </div> <div> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed & Breakfast – Home <input type="checkbox"/> Residential Kitchen for Bed & Breakfast – Establishments <input type="checkbox"/> Frozen Dessert Manufacturer </div> </div> Other (describe): _____	
21.) Length of Permit: (<i>check one</i>) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____			
23.) Food Operations: (<i>check all that apply</i>):		<i>Definitions: PHF – potentially hazardous food(time/temp controls required)</i> <i>Non-PHF's – non-potentially hazardous food(no time/temp control)</i> <i>RTE – ready-to-eat foods(Ex. Sandwiches, salads, muffins which need no further processing)</i>	
<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 Serv.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Prep of PHFs for Hot & Cold holding for single meal service.	<input type="checkbox"/> PHF & 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 Packing/Cook Chill	
<input type="checkbox"/> Reheating of Commercially processed foods for service within 4 hrs	<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-Serv of Non-PHF and 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"/> Prepares Food/Single meals for Catered events of Institutional Food Service	
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in bulk quantities	<i>To be completed by the Board of Health</i> Total Permit Fee:_____ Payment is due with application	
	<input type="checkbox"/> Retail Sale of Salvage, out-of-date or reconditioned food.		
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 590.00 and the Federal Food Code.			
24.) Signature of Applicant:_____			
Pursuant to MGL Ch. 62C, sec. 49A, I certify under penalties and 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 of Federal ID:_____			
26.) Signature of Individual or Corporate Name:_____			

Food Establishment Information