## 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)	s) Establishment Telephone No.: E-mail:					
5)	Applicant Name & Title:					
6)	Applicant Address:					
7)	Applicant Telephone No: 24 Hour Emergency No:					
B).	Owner Name & Title (If different from applicant):					
9)	Owner Address (if differe	nt from app	ilicant):			
10)	Establishment Owned By:  An association A corporation An individual A partnership		11) If a corporation or partnership, give name, title, and home address of officers or partner.  Name  Title  Home Address			
000						
ā	Other legal entity	9. 7.				
12) Person Directly Responsible For Dally Operations (Owner, Person in Charge, Supervisor, Manager etc.)						
Name & Title:			,			
Address:				***************************************		
Telephone No.:		•	Faxi	12 1		
Emergency Telephone No:						
Food Establishment type:			Caterer (\$150);Restaurant (\$150); Inn, B&B (\$100)			
Retail Food (\$100); Residential (\$60) Farm Stand (\$60						
Year-'Round / Seasonal:		sonal:	Dates: to			
Hours of Operation:		i e	Time: to			

## Food Establishment Information

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14) Water Source	15) Sewage disposal:				
DEP Public Water Supply No: (if applicable)					
16) Days and Hours of Operation	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 certification					
19) Person Trained In Anti-Choking Procedures (if 25 seats or more:)					
20) Location:  (check one)  Permanent Structure  Mobile  22) Establishment Type (check all the Sq. Ft)  Food Service - (Seats)  Food Service - Takeout  Food Service - Institution  (Meals/Day)	Residential Kitchen for Retail Sale     Residential Kitchen for Bed and Breakfast     Home     Residential Kitchen for Bed and Breakfast     Establishments				
21) Length Of Permit Other (Describe)	☐ Frozen Dessert Manufacturer				
(check one)  Annual Seasonal/Dates:					
☐ Temporary/Dates/Time:					
3) Food Operations:  Definitions:  PHF - potentially hazardous food (time/temperature controls required)  Non-PHFs - non-potentially hazardous food (no time/temperature controls required)  RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)					
☐ Sale of Commercially Pre- ☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held				
Packaged Non-PHFs  Sale of Commercially Pre-Packaged PHFs  Cold Holding for Single means					
Delivery of Packaged PHFs     Sale of Raw Animal Foods I     to be Prepared by Consumer					
Reheating of Commercially Processed Foods for Service Within 4 Hours.	Use of Process Requiring a Variance and/or HACOP Plan (including bare hand contact alternative, time as a public health control)				
☐ Customer Self-Service of Non-PHF and Non-Perishable Foods Only. ☐ Ice Manufactured and Pack	aged for Offers Raw or Undercooked Food of Animal Origin				
☐ Preparation of Non-PHFs ☐ Juice Manufactured and Pa	ckaged Prepares Food/Single Meals for Catered Events or Institutional Food Service				
Other (Describe):	To be completed by the Board of Health				
Retail Sale of Salvage, Out- or Reconditioned Food	of-Date 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 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:					