APPLICATION FOR PERMIT TO OPERATE FOOD ESTABLISHMENT

Date: _____
Name of Establishment: _____
Business Address: _____
Mailing Address (If Different) _____
Name & Title of Applicant: _____
Name & Owner (If Different from Applicant) _____
Address of Applicant: _____
If corporation or partnership, give name, title & home address of partners/officers

NAME **TITLE** **HOME ADDRESS**

_____

_____

State or Corporation_____Name & Address of Local Agent_____
Emergency Response Person:
Name:_____
Home
Address:_____
Phone #_____***Email:** _____

TYPE OF ESTABLISHMENT (check one below)

Retail Food_____Food Service_____Caterer_____Mobile Service_____
Duration of Permit (check one below)
Annual_____Temporary_____Seasonal_____
Dates of Operation_____
Payment is due with Application _____
Applications for mobile food units or pushcarts must include of the hand wash and toilet facilities available on each route. Attach separate sheet.
***Important Info Email Must Be Answered.**

Additional Information:
Water Source:_____Days & Hours of Operation:_____

If restaurant:
Number of Seats_____
Person trained in anti-choking procedures (if 25 seats or More) yes____ No____
A person trained in anti-choking procedures must be available during all hours of operation.
Number of employees that are Certified Food Protection Managers _____
Number of employees that are certified in Allergen Awareness _____
Must be available during all hours of operation.
Please submit copies of all certifications with this application.

Date Certificate Expires: _____

Signature of Applicant_____

Pursuant to M.G.L. CH62C, SECT. 49A, I certify under the penalties of perjury that I, to the best of knowledge and belief, have filed all state tax returns and paid all state taxes required under the law. *I also certify that all employees of this establishment are in full compliance with all applicable medical and health requirements that are mandated by the United States Government and the State of Massachusetts.*

_____ _____

Social Security # of Federal or Federal Identification Number.

Signature of individual or Corporate Name

By: _____
Corporate Officer
(if applicable)

Please Note: All necessary approvals needed to open establishment must first be obtained, from the appropriate department/office prior to obtaining Board of Health approval to open establishment.

Other approvals that may be needed prior to opening include, but not limited to: Fire Department, Building Inspections, Plumbing, Electrical and Common Vehicular from Selectmen's Office etc.

FOR BOARD of HEALTH USE ONLY

DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT #
_____	_____	_____	_____

QUESTIONNAIRE FOR FOOD ESTABLISHMENT

Name of Establishment: _____ Phone #_____
Address of Business_____
Owner (s) or Manager(s)_____

_____
Days of week & hours establishment is open: _____
Do you contract for rubbish disposal? _____
If yes, number of times weekly or Monthly: _____
Company Name & Address: _____

_____
Method of disposal, dumpster or otherwise: _____
Is garbage disposal a separate contract? _____
If yes, Name & Address of Contractor: _____

Number of Times per week: _____
How often is grease waste removed from trap? _____
Do you use services of rendering Plant? _____
If not, how is it disposed of? _____

Do you have Pest Control Services? _____
If yes, Company Name & Address_____

Number of times per week or month: _____
Pesticides used (inquire from Pest Control Operator)

_____

Comments or Questions_____

_____

Signature: _____Date: _____

APPLICATION FOR STORE LICENSE TO SELL MILK AND CREAM

Date: _____

APPLICATION IS HEREBY MADE FOR A PERMIT TO SELL MILK AND CREAM, IN ACCORDANCE WITH THE MASSACHUSETTS GENERAL LAWS.

NAME OF ESTABLISHMENT: _____
ADDRESS: _____
TYPE OF ESTABLISHMENT: _____
ESTABLISHMENT TELEPHONE #: _____

IF APPLICANT IS PARTNERSHIP, FULL NAME AND RESIDENCE OF PARTNERS:

_____
_____
_____

IF APPLICATION IS A CORPORATION _____STATE OF CORP_____
FULL NAME AND ADDRESS OF PRESIDENT, TREASURER AND CLERK.

_____ _____
_____ _____

NAME OF MILK AND CREAM PRODUCT_____
ADDRESS_____ TELEPHONE_____

SIGNATURE: _____