

Food Establishment Information

Water Source: (check one) <input type="checkbox"/> Municipal <input type="checkbox"/> Private		Sewage Disposal: (check one) <input type="checkbox"/> Municipal <input type="checkbox"/> Private		Number of Food Employees:
Person Trained in Anti-Choking Procedures (if 25 seats or more):			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Location <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	Establishment Type (check all that apply)			
Length of Permit <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates:	<input type="checkbox"/> Retail (Sq. Ft.)	<input type="checkbox"/> Caterer		
	<input type="checkbox"/> Food Service (Seats)	<input type="checkbox"/> Food Delivery		
	<input type="checkbox"/> Food Service - Takeout	<input type="checkbox"/> Residential Kitchen for Retail Sale		
	<input type="checkbox"/> Food Service - Institution (Meals/Day)	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home		
	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishment		
	<input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Frozen Dessert Manufacturer		

Food Operations (check all that apply):

<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 More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre Packaged PHF's	<input type="checkbox"/> Preparation of PHF's 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 PHF's	<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
<input type="checkbox"/> Customer Self Service of Non-PHF and Non Perishable Foods	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Under-cooked 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 or Institutional Food Service
<input type="checkbox"/> Frozen: Desserts/ Dessert Mixes	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	
<i>Definitions:</i>	<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food	

Non-PHF - non potentially hazardous food (no time/temp control req'd)

PHF - Potentially hazardous food (requires time/temp control)

RTE - ready-to-eat foods - ex: salads/muffins/sandwiches (no further processing req'd)

To be completed by the Board of Health
Total Permit Fee: \$ _____
Payment 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

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 filled all state tax returns and paid state tax required under law.

Signature of Applicant: _____

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____

Health Department Use Only			
Date Received:	Date Inspected:	Approved By:	Permit #:
			Revised 5/2017