



**Public Health**  
Prevent. Promote. Protect.

*Greenfield Board of Health  
14 Court Square  
Greenfield, MA 01301*



## Food Establishment Permit Application

### Establishment Information

Establishment Name:
Establishment Address:
Establishment Telephone No:
Days and Hours of Operation:
Number of Food Employees:

### Applicant/Owner Information

Applicant Name & Title:		
Applicant Address:		
Applicant Telephone No:		
Owner Name & Title: (if different from applicant):		
Owner Address(if different from applicant):		
Establishment Owned By:	<input type="checkbox"/> An Association	<input type="checkbox"/> An Individual
	<input type="checkbox"/> A Corporation*	<input type="checkbox"/> A Partnership*
	<input type="checkbox"/> Other Legal Entity: _____	
*If a Corporation or Partnership, give name, title, and home address of officers and partners:		
<u>Name:</u>	<u>Title:</u>	<u>Home Address:</u>

### Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)

Name and Title:	
Address:	
Telephone No:	
Emergency Telephone No:	Fax:
District or Regional Supervisor (if applicable)	
Name and Title:	
Address:	
Telephone No:	
Emergency Telephone No:	Fax:

**\*Name of Certified Food Protection Manager:**

**\*Name of Food Allergen Awareness Trained Employee:**

*\*It is required that at least one full-time person-in-charge has passed an accredited food protection management exam and has completed Food Allergy Awareness Training.*

**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"/> Food Service (      Seats) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (      Meals/Day) <input type="checkbox"/> Seasonal <input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishment <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"/> Sale of Commercially Pre Packaged PHF's <input type="checkbox"/> Delivery of Packaged PHF's <input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours <input type="checkbox"/> Customer Self Service of Non-PHF and Non Perishable Foods <input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> PHF Cooked to Order <input type="checkbox"/> Preparation of PHF's For Hot and Cold Holding For Single Meal Service <input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held More Than a Single Meal Service <input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility <input type="checkbox"/> Vacuum Packaging Cook Chill <input type="checkbox"/> Use of Process Requiring A Variance And/Or HACCP Plan <input type="checkbox"/> Offers Raw or Under-cooked Food of Animal Origin <input type="checkbox"/> Prepares food/Single Meals for Catered Events or Institutional Food Service
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Definitions:

**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 #:
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