Operate an Establishment- Permit Application

*(Application must be submitted at least 30 days before the planned opening date)*

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| --- | --- | --- | --- |
| 1) Establishment Name: | | | |
| 2) Establishment Address: | | | |
| 3) Establishment Mailing Address (if different): | | | |
| 4) Establishment Telephone No: | | Establishment Email Address: | |
| 5) Applicant Name & Title: | | | |
| 6) Applicant Address: | | | |
| 7) Applicant Telephone No. | | 24 Hour Emergency No. | |
| 8) Owner Name & Title (if different from applicant): | | | |
| 9) Owner Address (if different from applicant): | | | |
| 10) Establishment Owned By: | | 11) If a corporation or partnership, give name and home address of officers or partner. | |
| 12) Person directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.) | | | |
| Name & Title: |  | | |
| Address: |  | | |
| Telephone No. |  | | Fax: |
| Emergency Telephone No. |  | | |
| 13) District or Regional Supervisor (if applicable): | | | |
| Name & Title: |  | | |
| Address: |  | | |
| Telephone No. |  | | Fax: |

Establishment Information

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| 14) Water Source | | | | 15) Sewage Disposal | | |
| 16) Days and Hours of Operation: | | | | 17) No. of Food Employees | | |
| 18) Name of Person in Charge Certified in Food Protection Management: | | | | | | |
| 19) Persons Trained in Anti-Choking Procedures (1 seats or more): \_\_\_ Yes \_\_\_ No | | | | | | |
| 20) Persons Trained in Allergen Awareness: \_\_\_ Yes \_\_\_ No | | | | | | |
| 21) Establishment Type  (check all that apply)  \_\_\_Retail ( Sq. Ft)  \_\_\_Food Service – ( Seats)  \_\_\_Food Service – Takeout  \_\_\_Food Service – Institution  (Meal’s/Day) | | \_\_\_Caterer  \_\_\_Food Delivery  \_\_\_Frozen Dessert | | | \_\_\_Dumpster Permit  \_\_\_Tobacco Permit  \_\_\_Other (Describe): | |
| 22) Food Operations:  (check all that apply) | | Definitions: PHF – potentially hazardous food (time/temperature controls required)  Non-PHF – 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-Packaged Non-PHFs |  | PHF Cooked or Order | |  | Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service |
|  | Sale of Commercially Pre-Packaged PHFs |  | Preparation of PHFs for Hot and Cold Holding for Single Meal Service | |  | PHF and RTE Foods Prepared For Highly Susceptible Population Facility |
|  | Delivery of Packaged PHFs |  | Sale of Raw Animal Foods Intended To be Prepared by Consumer | |  | Vacuum Packaging/Cook Chill |
|  | Reheating of Commercially Processed Foods for Service Within 4 Hours |  | Ice Manufactured and Packaged for Retail Sale | |  | Use of Process Requiring a Variance And / Or HAACP Plan (including bare hand contact alternative, times as a public health control) |
|  | Customer: Self-Service of Non-PHF and Non-Perishable Foods Only |  | Juice Manufactured and Packaged for Retail Sale | |  | Offers Raw or Undercooked Food of Animal Origin |
|  | Preparation of Non-PHFs |  | Others RTE PHF in Bulk Quantities | |  | Prepared Food/Single Meals for Catered Events or Institutional Food Service |
|  | Other (Describe): |  | Retail Sale of Salvage, Out of Date or Reconditioned Food | | To be completed by the Board of Health  Total Permit Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Payment is due with application | |

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.

23) 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.

24) Social Security Number or Federal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25) Signature of Individual or Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_