

Town of Dedham Board of Health 450 Washington Street Dedham, MA 02026 (781) 751-9220 F: (781) 751-9229 www.dedham-ma.gov



Operate an 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) 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:		



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Establishment Information

14) Water Source		15) Sewage Disposal				
16) Days and Hours of Operation:		17) No. of Food Emp	17) No. of Food Employees			
18) Name of Person in Charge Certified in	Food Protection Manage					
19) Persons Trained in Anti-Choking Procedures (1 seats or more): Yes No						
20) Persons Trained in Allergen Awareness: Yes No						
21) Establishment Type		ļ				
(check all that apply)		ļ				
Retail (Sq. Ft)	Caterer		Dumpster Permit			
Food Service – (Seats)	Food Delivery		Tobacco Permit			
Food Service – Takeout	Frozen Dessert		Other (Describe):			
Food Service – Institution (Meal's/Day)						
22) Food Operations:	-		emperature controls required)			
(check all that apply)			temperature controls required) Iffins which need no further processing)			
Sale of Commercially Pre-	PHF Cooked or Or		Hot PHF Cooked and Cooled or Hot			
Packaged Non-PHFs			Held for More Than a Single Meal			
			Service			
Sale of Commercially Pre-	Preparation of PHFs for Hot and Cold Holding for Single Meal Service		PHF and RTE Foods Prepared For			
Packaged PHFs		Meal Service	Highly Susceptible Population Facility			
Delivery of Packaged PHFs	Sale of Raw Anim	al Foods Intended To	Vacuum Packaging/Cook Chill			
	be Prepared by Co					
Reheating of Commercially		d and Packaged for	Use of Process Requiring a Variance			
Processed Foods for Service Within 4 Hours	Retail Sale	ļ	And / Or HAACP Plan (including bare hand contact alternative, times as a			
			public health control)			
Customer: Self-Service of Non-PHF	Juice Manufactur	ed and Packaged for	Offers Raw or Undercooked Food of			
and Non-Perishable Foods Only	Retail Sale	_	Animal Origin			
Preparation of Non-PHFs	Others RTE PHF in	Bulk Quantities	Prepared Food/Single Meals for			
		ļ	Catered Events or Institutional Food Service			
Other (Describe):		age, Out of Date or	To be completed by the Board of Health			
	Reconditioned For	od	Total Permit Fee:			
			Payment is due with application			



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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: _____