

FOOD ESTABLISHMENT INFORMATION

Water Source:	Sewage Disposal:
DEP Public Water Supply #	
Days & Hours of Operation:	# Employees:
Name of Person in Charge Certified in Food Protection Management:	
Person Trained in Anti-Choking Procedures (25+ Seats):	
Establishment Type <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 <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> _____ <input type="checkbox"/> Other	
Food Operations: 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, muffins. No further processing is needed.)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs <input type="checkbox"/> Delivery of Packaged PHF's <input type="checkbox"/> Preparation of Non-PHF's <input type="checkbox"/> PHF Cooked to Order <input type="checkbox"/> Prep of PHFs for Hot and Cold Holding for Single Meal Service <input type="checkbox"/> Sale of Raw Animal Food Intended to be Prepared by Consumer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service <input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility <input type="checkbox"/> Use of Process Requiring a Variance and/Or HACCP Plan (Under the Food Code) <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service <input type="checkbox"/> Offers RTE <input type="checkbox"/> Other: _____	
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.

Signature of Applicant: _____

MGL Ch 62C, sec 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Signature of Individual or Corporate Name: _____

SS or Fed ID # _____