



Date Received _____

Amount Received _____

Permit ID# _____

Food 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:	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: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
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:												

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.

As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the board of health in accordance with 105 CMR 590.001 (FC8-404.11). Imminent health hazards include but are not limited to:

- Remodeling
- Fires
- Floods
- Extended Interruption of Electrical or Water Service
- Sewage Backup
- Misuse of Poisonous or Toxic Materials
- Onset of an Apparent Foodborne Illness Outbreak
- Gross Unsanitary Occurrences or Conditions, or
- Suspected Food Tampering
- Any Other Circumstance That May Endanger Public Health

(A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard.)

As the permit holder, I understand that the person in charge must immediately notify the board of health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.003(G).

24) 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.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

To be completed by the Board of Health

Total Permit Fee: _____
Payment is due with application.

MAKE SURE YOU HAVE ENCLOSED:

- **copy(s) of Food Manager's certificate(s)**
- **copy(s) of CPR/Choke Saver training**
- **copy(s) of Allergy Awareness Training certificate(s)**

Applications received without these certificates...will not be processed.