



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: An association A corporation An individual A partnership Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Home Address</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>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	Home Address											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
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:												

Food Establishment Information

14) Water Source: Sewage Disposal:	DEP Public Water Supply No:	15) Days and Hours of Operation:						
16) Rubbish Disposal Co. Name: Recycling Co. Name:	<i>(Recycling is Mandatory)</i>	17) No. of Food Employees:						
18) Name of Person In Charge Certified in Food Protection Management: _____ <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate(s).</i>								
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No <i>Please attach copy of certificate(s).</i> Allergy Awareness Training: Yes No <i>Please attach copy of certificate(s).</i>								
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile – Food Trucks/Carts	22) Establishment Type (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;"> <input type="checkbox"/> Retail Food: Limited Novelty <input type="checkbox"/> Under 1000 sq. ft. <input type="checkbox"/> 1001-3000 sq. ft. <input type="checkbox"/> 3001-5001 sq. ft. <input type="checkbox"/> Over 5001 sq. ft. </td> <td style="width: 30%; border: none; text-align: right;"> \$100.00 150.00 250.00 350.00 400.00 </td> <td style="width: 30%; border: none;"> <input type="checkbox"/> Food Service 0-20 seats \$175.00 <input type="checkbox"/> 21-100 seats 250.00 <input type="checkbox"/> 101-200 seats 350.00 <input type="checkbox"/> Over 200 seats 400.00 <input type="checkbox"/> Churches 100.00 <input type="checkbox"/> Schools 100.00 </td> </tr> <tr> <td style="border: none;"> <input type="checkbox"/> Catering <input type="checkbox"/> Concession Stand <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Bakery </td> <td style="border: none; text-align: right;"> 150.00 150.00 150.00 50.00 </td> <td style="border: none;"> <input type="checkbox"/> Milk 5.00 <input type="checkbox"/> Ice Cream 5.00 <input type="checkbox"/> Frozen Dessert Machine 25.00 <input type="checkbox"/> Self Serve Beverage 25.00 <input type="checkbox"/> Transfer of permit/license/name change Extra copies/reprints \$25.00 </td> </tr> </table>		<input type="checkbox"/> Retail Food: Limited Novelty <input type="checkbox"/> Under 1000 sq. ft. <input type="checkbox"/> 1001-3000 sq. ft. <input type="checkbox"/> 3001-5001 sq. ft. <input type="checkbox"/> Over 5001 sq. ft.	\$100.00 150.00 250.00 350.00 400.00	<input type="checkbox"/> Food Service 0-20 seats \$175.00 <input type="checkbox"/> 21-100 seats 250.00 <input type="checkbox"/> 101-200 seats 350.00 <input type="checkbox"/> Over 200 seats 400.00 <input type="checkbox"/> Churches 100.00 <input type="checkbox"/> Schools 100.00	<input type="checkbox"/> Catering <input type="checkbox"/> Concession Stand <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Bakery	150.00 150.00 150.00 50.00	<input type="checkbox"/> Milk 5.00 <input type="checkbox"/> Ice Cream 5.00 <input type="checkbox"/> Frozen Dessert Machine 25.00 <input type="checkbox"/> Self Serve Beverage 25.00 <input type="checkbox"/> Transfer of permit/license/name change Extra copies/reprints \$25.00
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21) (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Temporary \$20.00 non-profit \$50.00 profit <input type="checkbox"/> Seasonal \$75.00 (6 months or less) <input type="checkbox"/> Temporary Year Round \$150.00	Total Amount Due _____							

23) Food Operations: <i>(check all that apply):</i>	Definitions: <i>PHF – potentially hazardous food (time/temperature controls required)</i> <i>Non-PHF – non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

Other (Describe): LIST ALL FOOD ITEMS:

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: _____

<p><i>To be completed by the Board of Health</i></p> <p>Permit Fee: _____ <i>Payment is due with application.</i></p> <p>Late Fee \$75.00 Charged _____</p> <p>Total Amount: _____</p>
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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)**
- **Copy of Certificate of Liability Insurance Listing The City of Attleboro Health Department as the Certificate Holder**
- **Copy of the Worker’s Compensation Affidavit (Found on the City’s Website)**

APPLICATIONS RECEIVED WITHOUT THESE CERTIFICATES WILL NOT BE PROCESSED....THEY WILL BE RETURNED!!!!