



Board of Health  
 212 Main Street  
 Northampton, MA 01060  
 Tel: (413) 587-1214 • Fax: (413) 587-1221  
 Director of Public Health: Merridith A. O'Leary, R.S.

<b>FOR BOARD OF HEALTH USE ONLY</b>	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>
Food Protection Manager	<input type="checkbox"/>
Allergy Certificate	<input type="checkbox"/>
Choking Certificate	<input type="checkbox"/>

## 2020 FOOD ESTABLISHMENT PERMIT APPLICATION

**ALL FEES PAID ARE NON-REFUNDABLE**

**Renewal Application Late Fee's: \$100.00 for first 30 days; \$200.00 for 60 days and each month thereafter**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

Establishment Name: (dba): \_\_\_\_\_ Establishment Tel.#: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ Applicant Telephone #: \_\_\_\_\_

Owner Name & Title (if different from applicant): \_\_\_\_\_

Owner Address: \_\_\_\_\_

Establishment Owned by (Check one Box)    Please attach List of Corporate and Partnership Officers

- An Association     
  A Corporation     
  An Individual     
  A Partnership     
  Other Legal Entity

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name	Title	Home Address
_____	_____	_____

### 24 Hour Emergency Contact-Person In Charge

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

24 Hour Emergency #: \_\_\_\_\_

Email: \_\_\_\_\_

**FOOD ESTABLISHMENT INFORMATION**

Days, and Hours of Operation: \_\_\_\_\_

Name of Person in Charge Certified in Food Protection Management: \_\_\_\_\_

Person Trained in Food Allergen Awareness: \_\_\_\_\_

Person Trained in Anti-Choking Procedures (if 25 or more seats): \_\_\_\_\_

**In Accordance with 105 CMR 590.003 (A) 590.009 and 590.003 (B)**

PLEASE ATTACH COPIES OF CERTIFICATIONS

Check all that apply

√	Establishment Type	Base Fee	Base Fee plus Seats based on Occupancy	Base Fee plus Square Footage based on Retail	TOTAL
	Food Service Establishment	\$150.00			
	Retail Food Establishment	\$100.00			
	Caterer	\$150.00			
	Frozen Dessert Manufacturer	\$5.00			
	Bar	\$150.00			
	Bed and Breakfast	\$150.00			
				TOTAL	

Occupancy Fee Calculation Table

Total Seating Capacity	Additional Fee	Seating Capacity	Additional Fee
1-24	\$25.00 plus base	300-349	\$350.00 plus base
25-49	\$50.00 plus base	350-399	\$400.00 plus base
50-74	\$75.00 plus base	400-449	\$450.00 plus base
75-99	\$100.00 plus base	450-499	\$500.00 plus base
100-149	\$150.00 plus base	500-549	\$550.00 plus base
150-199	\$200.00 plus base	550-599	\$600.00 plus base
200-249	\$250.00 plus base	600-649	\$650.00 plus base
250-299	\$300.00 plus base	650-699	\$700.00 plus base

Retail Food Permit Calculation Chart

Square Feet	Permit Cost
Less than 2,500 sq ft	\$100.00 Base Only
2,500 – 15,000	\$50.00 plus base
15,001 – 30,000	\$250.00 plus base
30,001 – 45,000	\$450.00 plus base
45,001 – 60,000	\$650.00 plus base
60,000+	\$900.00 plus base

Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well
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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.

Signature of Applicant: \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON**

*Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.*

Signature of Corporate Representative (i.e. President, CFO, COO): \_\_\_\_\_