

BOARD OF HEALTH

Merridith A. O'Leary, R.S.

Director of Public Health

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Northampton, MA 01060

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FOR BOARD OF HEALTH USE ONLY

Date Received: _____

Amount Received: _____

Cash/Check No: _____

Received by: _____

2016 Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Corporation Name:		Corporation Address:	
Establishment Name: (dba):		Establishment Tel. #	
Establishment Address:		Email:	
Establishment Mailing Address (if different):			
Applicant Name (Permit Holder):			
Applicant Title:			
Applicant Address:			
Applicant Telephone #:		24 Hour Emergency #:	
Owner Name & Title (if different from applicant):			
Owner Address (if different from applicant):			
Establishment Owned By:		If a corporation or partnership, give name, title, and home address of officers or partner	
<input type="radio"/> An association <input type="radio"/> A corporation <input type="radio"/> An individual <input type="radio"/> A partnership <input type="radio"/> Other legal entity		Name Title Home Address	
Person Directly Responsible For Daily Operations (Owner, Person In Charge, Supervisor, Manager etc.)			
Name & Title:			
Address:			
Telephone #:		Cell/Pager#	Email:
Emergency Contact:			



Food Establishment Information

Days and Hours of Operation:				
Name of Person in Charge Certified in Food Protection Management: (Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.)				
Person Trained In Anti-Choking Procedures (if 25 seats or more) : <input type="radio"/> Yes <input type="radio"/> No (In accordance with 105 CMR 590.009)				
Name of Person Trained in Food Allergen Awareness : (In accordance with 105 CMR 590.003(B) Please attach copy of certificate)				
Water Source:	Establishment Type (check all that apply & enter applicable permit cost)			
<input type="radio"/> Public <input type="radio"/> Well	<input type="radio"/> Retail Food (\$100 base + Sq. ft. based on attached chart) \$100 base + _____	\$ _____	<input type="radio"/> Frozen Dessert Manufacturer Name of Testing Lab: _____	\$5.00
Sewage Disposal: <input type="radio"/> Public <input type="radio"/> Septic	<input type="radio"/> Food Service Establishment - (\$100 base + Number of Seats based on Occupancy Permit: Fee Chart attached) \$100 base + _____	\$ _____	<input type="radio"/> Bar - No food preparation, pre-packaged food only.	\$100.00
	<input type="radio"/> Bed and Breakfast	\$100.00	<input type="radio"/> Caterer	\$100.00
			TOTAL	\$

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 Permit Holder: _____

Pursuant to MGL Chapter 62C, Section 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.

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