

Community Name

FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION _CIS

No Retail Food Establishment or Facility may operate without a current BOH Food Establishment Permit that must be posted at all times along with a current food safety certification for the knowledgeable Person-in-Charge.

New Renewal Late Application Revised Application New/Upgrade Kitchen Application Other

BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. *Required Information.

| | | | |
|----------------------|---|----------------------|--|
| *Applicant/Requester | | *Property Owner | |
| *Business Name | | *Site Address | |
| *Mailing Address | | Assessor Map/Lot # | |
| *Phone Fax | | *24/7 Contact Person | |
| *E-mail | | *24/7 Phone | |
| Tax Status | <input type="checkbox"/> For Profit <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Community Organization <input type="checkbox"/> Other: | | |

FACILITY INFORMATION

Note: Any changes or upgrades to the facility or kitchen must first be approved. Complete a "New/Upgrade" Kitchen Application.

| | | | |
|--------------------------------------|---|----------------------------------|---|
| *Seating Capacity (Inside & Outside) | <input type="checkbox"/> None <input type="checkbox"/> Small 1-25 <input type="checkbox"/> Medium 26 – 75 (Choke Saver Required) <input type="checkbox"/> Large 76 – 125 <input type="checkbox"/> Event 126 + | *Total Retail sf. (Display Area) | <input type="checkbox"/> None <input type="checkbox"/> Non-TCS <input type="checkbox"/> Small -100sf <input type="checkbox"/> Medium 101 1000sf <input type="checkbox"/> Large 1001 sf+ <input type="checkbox"/> Grocery Store 5000 sf+ |
| *Expected # People per day | _____ | *Outside Seats | <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, all |
| *Drinking Water | <input type="checkbox"/> Public <input type="checkbox"/> Private, water test attached | *Ice Supplier | <input type="checkbox"/> Vendor _____ <input type="checkbox"/> Ice Machine <input type="checkbox"/> None |
| *Sewage Disposal | <input type="checkbox"/> Public <input type="checkbox"/> Private, must pump regularly | *Garbage/Trash | <input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station |
| *Refrigeration | <input type="checkbox"/> None (ice) <input type="checkbox"/> Refrigerators <input type="checkbox"/> Walk-ins | *Grease Disposal | <input type="checkbox"/> Contractor _____ <input type="checkbox"/> Transfer Station |
| Air Conditioning | <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, entire facility | *Back-up Power | <input type="checkbox"/> None <input type="checkbox"/> Partial <input type="checkbox"/> Yes, total |

OPERATIONS INFORMATION

Note: during open hours a knowledgeable/certified Person-in-Charge (PIC) must be on site. Menu additions require an updated permit application.

**Temporary, Farmers' Market, Special Events, Mobile and Ice Cream Truck Vendors must complete a Vendor Form.*

| | |
|--|--|
| *Length of Permit (Must select one) | <input type="checkbox"/> Annual (Calendar Year) <input type="checkbox"/> Seasonal (up to 5 consecutive months) <input type="checkbox"/> Temporary (up to 14 consecutive days for one event) <input type="checkbox"/> One Day Permit (0600-2400) <input type="checkbox"/> Non-Profit Occasional/Bake Sale (up to 3/yr) <input type="checkbox"/> Other: |
| *Operating Dates: | <input type="checkbox"/> Annual <input type="checkbox"/> Other Dates: _ |
| *Operating Days/Hrs: | <input type="checkbox"/> Sunday____ <input type="checkbox"/> Monday____ <input type="checkbox"/> Tuesday____ <input type="checkbox"/> Wednesday____ <input type="checkbox"/> Thursday____ <input type="checkbox"/> Friday____ <input type="checkbox"/> Saturday____ |
| *Risk Assessment: (Check all that apply) | <input type="checkbox"/> Time/Temperature Control for Safety (TCS) foods cooked to order <input type="checkbox"/> TCS prepackaged/RTE <input type="checkbox"/> TCS Hot/Cold Hold <input type="checkbox"/> Non-TCS/RTE /prepackaged. <input type="checkbox"/> Raw animal products. <input type="checkbox"/> Special Operations requiring a Variance. <input type="checkbox"/> Raw Milk <input type="checkbox"/> Milk Products <input type="checkbox"/> Other: |
| *Special Processes | <input type="checkbox"/> None <input type="checkbox"/> Acidification <input type="checkbox"/> Raw or partially cooked animal/fish <input type="checkbox"/> Smoking <input type="checkbox"/> Time Control <input type="checkbox"/> Reduced Oxygen Package (ROP) <input type="checkbox"/> Other: |
| *Menu | <input type="checkbox"/> Menu attached if serving TCS Foods. Substantive menu additions must be approved by the Board of Health |

RTE: Ready-to-Eat Food, no processing/heating required
Not Regulated (must meet food safety standards): honey processed without heat, maple syrup, uncut fresh fruits/vegetables, whole fresh eggs, continental B & B breakfast, community potluck free, shared foods

TCS: Time/Temperature Control for Safety foods; **Logs required**
Non-TCS: Non-potentially hazardous food, no refrigeration required
Special Processes: acidification, smoking, reduced oxygen, time as a control, partial cooking of raw animal products – BOH variance needed

| | | | |
|---------------------------------------|--|---|---|
| *On-Site Manager | Name: | *Phone Number | |
| *Knowledgeable Person-in-Charge (PIC) | Name: _ <input type="checkbox"/> I have a copy of the Food Code 105 CMR 590: <input type="checkbox"/> Food safety training certificate attached . | *Date of Food Safety Training | <input type="checkbox"/> Issue Date _____ <input type="checkbox"/> Not Required for Non-Profit operating under Temporary Permit. <input type="checkbox"/> BCBOHA Temporary Food Training date: _____ |
| *Allergy Awareness Training | <input type="checkbox"/> Certified Food Protection Manager with Allergen Awareness Certificate: _____ <input type="checkbox"/> Copy of Allergen Certificate attached <input type="checkbox"/> No certificate, explanation attached | Note: All Employees serving food are encouraged to have the Allergy Awareness Certificate which maybe completed online at http://www.berkshireahec.org/programs/ma-food-allergen-training/ Number Trained _____ | |
| *Choke Saver | <input type="checkbox"/> Yes, # trained _____ <input type="checkbox"/> No <input type="checkbox"/> Not Required | Note: If more than 25 seats, must have current Choke Saver Certificate | |

| TYPE OF FOOD SERVICE | | | |
|--|--|--|--|
| *Check all that apply, must check at least 1 type of food service box in this section. | | | |
| <input type="checkbox"/> Retail Food Small (100 sf.) | <input type="checkbox"/> Retail Food Medium (1000 sf.) | <input type="checkbox"/> Retail Food Large (10,000 sf.) | <input type="checkbox"/> Retail Food X-Large (10,000 +sf.) |
| <input type="checkbox"/> Food Service Small (25 seats) | <input type="checkbox"/> Food Service Medium (26 – 75) | <input type="checkbox"/> Food Service Large (76 - 150) | <input type="checkbox"/> Large Event (151 + seats) |
| <input type="checkbox"/> Take-Out added to other Permit | <input type="checkbox"/> Take-Out stand alone | <input type="checkbox"/> *Frozen Dessert added Permit | <input type="checkbox"/> *Frozen Dessert stand alone |
| <input type="checkbox"/> Milk/Cream added to Permit | <input type="checkbox"/> Milk/Cream Retail Stand Alone | *Must complete Frozen Dessert Form and Attach | |
| <input type="checkbox"/> *Bakery added to other Permit | <input type="checkbox"/> *Bakery, stand alone | *Add details of type of Bakery: | |
| <input type="checkbox"/> Caterer added to other Permit | <input type="checkbox"/> *Caterer, stand alone | *Must complete Catering Form if stand alone | |
| <input type="checkbox"/> *Commissary/Base Kitchen | <input type="checkbox"/> Satellite Kitchen | *Commissary Kitchens are required for all Mobile/Catering Operations | |
| <input type="checkbox"/> *Mobile/Temp Food Operation | <input type="checkbox"/> Temp Form must be completed | *Attach LBOH permit for Base Kit. | |
| <input type="checkbox"/> *Temporary Food Operation | <input type="checkbox"/> Temp Form must be completed | <input type="checkbox"/> *Temp/Mobile Form must be completed | |
| <input type="checkbox"/> Farmers Market/Farm Stand Organizer | <input type="checkbox"/> # of Food Vendors _____ <input type="checkbox"/> Vendor list attached <input type="checkbox"/> Electricity on Site | <input type="checkbox"/> List of Food Vendors attached. Each vendor selling processed foods of any kind must have a BOH Permit. <input type="checkbox"/> *Unprocessed fruits/vegetables do not require a BOH permit fee | |
| <input type="checkbox"/> Temporary/Farmer's Market Vendor | <input type="checkbox"/> *Unprocessed fruits/vegetables <input type="checkbox"/> *Homemade non-TCS foods <input type="checkbox"/> *Foods processed in Lisc. Kit. | *No permit fee required *No homemade foods except non-TCS prepared in a BOH approved Retail Residential Kitchen. Attach BOH Kitchen Permit | |
| <input type="checkbox"/> Temporary/Special Event Organizer* | <input type="checkbox"/> # of Food Vendors _____ <input type="checkbox"/> Vendor list attached <input type="checkbox"/> Electricity on Site | *Non-profit Event Organizer may pay the \$25 non-profit Vendor Fee for each non-profit Food Vendor with this application, but each Vendor must complete an Application | |
| <input type="checkbox"/> Temporary Event Food Vendor | <input type="checkbox"/> *All foods processed in Lisc. Kit. <input type="checkbox"/> *All foods prepared onsite | *Must attach menu and details *Must complete Temp/Mobile Form | |
| <input type="checkbox"/> Retail Residential Kitchen | <input type="checkbox"/> Retail only <input type="checkbox"/> Approved jams, pickles, cakes | | |
| <input type="checkbox"/> Non-Profit Bake Sale | <input type="checkbox"/> Dry baked goods, no refrigeration needed | *Individually wrapped, wearing disposable gloves *BOH recommends home well tests annually | |
| <input type="checkbox"/> Bed & Breakfast/ Lodging with food served | <input type="checkbox"/> Continental Breakfast only <input type="checkbox"/> Full Breakfast: eggs, meats, fish | | |
| <input type="checkbox"/> Ice Cream Truck | <input type="checkbox"/> Police Permit attached | | |
| Raw Milk Sales | <input type="checkbox"/> Attach DPH Permit and details | | |
| <input type="checkbox"/> Bottled Beverages | <input type="checkbox"/> Attach State Application and Permit. Call for local Form, additional requirements. | | |
| <input type="checkbox"/> Special Processes | <input type="checkbox"/> Variance details and process information attached. Must provide a HACCP Plan | | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Details: | | |

FROZEN DESERT / SOFT-SERVE VENDOR FORM

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|--|---|--|--|
| In accordance with the provisions of Section 65H of Chapter 94 of the General Laws and 105 CMR 561: Department of Public Health, Frozen Desserts and Frozen Dessert Mixes as most recently amended, and the regulations made hereunder, the following information is required: | | | |
| Operations | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile / Various | | Operating Dates: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal, describe |
| Operating Times: | <input type="checkbox"/> Sunday____ <input type="checkbox"/> Monday____ <input type="checkbox"/> Tuesday____ <input type="checkbox"/> Wednesday____ <input type="checkbox"/> Thursday____ <input type="checkbox"/> Friday____ <input type="checkbox"/> Saturday____ | | |
| Make/Model Equipment | | Age of Equipment | |
| Source of Mix | <input type="checkbox"/> Purchased <input type="checkbox"/> Pasteurized <input type="checkbox"/> Made onsite <input type="checkbox"/> Dairy based | <input type="checkbox"/> By checking this box, I agree that my dairy based products will have monthly bacteriological testing by a Certified Laboratory with all results copied to the BOH. Name of Testing Firm _____ Phone Number _____ | |
| Item | Standard Plate Count | Coliform | |
| Finished products produced by means other than soft serve machine | 50,0000/g | 20/g | |
| Finished products produced in soft serve machine | 50,0000/g | 50/g | |
| <input type="checkbox"/> Industry Certified Lab Results Attached | | | |

FOOD VENDOR FORM for CATERER /SATELLITE/ TEMPORARY / SPECIAL EVENT / MOBILE

Each food booth/vendor must complete a Form, including non-profits

| | | | |
|--|--|---|---|
| *Type of Operation | <input type="checkbox"/> Caterer <input type="checkbox"/> Satellite <input type="checkbox"/> Mobile <input type="checkbox"/> Farmer's Market Vendor <input type="checkbox"/> Event Vendor <input type="checkbox"/> Other: | | |
| *Event Name | | *My tax Status | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit |
| *Event Address | | | |
| *Event Organizer | *Contact Phone | | |
| *Event Type | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile/Various | *Dates/Locations | Attach List. BOH may require notice before each event. |
| *Operating Times: | <input type="checkbox"/> Sunday ___ <input type="checkbox"/> Monday ___ <input type="checkbox"/> Tuesday ___ <input type="checkbox"/> Wednesday ___ <input type="checkbox"/> Thursday ___ <input type="checkbox"/> Friday ___ <input type="checkbox"/> Saturday ___ | | |
| <input type="checkbox"/> Opening Inspection Schedule with the BOH at least 3 days prior to opening | | | |
| <input type="checkbox"/> Event permit obtained from Town/City if required | <input type="checkbox"/> Fire Dept. approval for propane tanks, open flames, BBQ | <input type="checkbox"/> Police notified for Ice Cream Truck | <input type="checkbox"/> Building Department approval for tents may be required (must have fire retardant label). |
| *Food Safety Cert. | <input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached | *Issue Date: | |
| *Allergen Training | <input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached | *Issue Date: | |
| *Choke Saver | <input type="checkbox"/> Provided by Organizer <input type="checkbox"/> My Cert. Attached | *Issue Date: | |
| *BCBOHA Temp Food Training | *Date of Training | | |
| Lisc. Commissary Kitchen location: | <input type="checkbox"/> *None Required <input type="checkbox"/> Address: | *Note: all mobile food trucks and caterers must have a commissary base kitchen that is permitted by the local BOH. All food must be prepared in a licensed kitchen except for non-potentially hazardous foods that do not require refrigeration prepared for a non-profit event. | |
| *Menu/Foods Served | <input type="checkbox"/> Attach proposed menu *Raw or undercooked TCSs require a variance | <input type="checkbox"/> I have a copy of the "Temporary Food Establishment Operations: Are You Ready" check list *All food must come from an approved source. | |
| *Water Source | <input type="checkbox"/> Water/Ice obtained from approved source* <input type="checkbox"/> Specify Source: | *Water Hoses/containers must be food grade, sanitized and with backflow preventers. | |
| *Sinks | <input type="checkbox"/> 3 bay wash, rinse, sanitize <input type="checkbox"/> Handwash sink <input type="checkbox"/> Labeled carboys <input type="checkbox"/> None | Note: Hand-wash sinks must be labeled and have pump soap/ paper towels | |
| *Refrigeration | <input type="checkbox"/> None <input type="checkbox"/> Ice Chest: ice from approved source | <input type="checkbox"/> Refrigerator or Refrigerated Truck | |
| *Accessible toilets | <input type="checkbox"/> None <input type="checkbox"/> Onsite, # ___ <input type="checkbox"/> Portable # ___ | Note: Supplier of portable toilets must have a BOH Permit | |
| <i>*Toilets required for events 2 hours or longer. The required number of toilets is based on the number of people and the length of the event. Example: 100 people for 4 hours = 2 units/1 sink, at least 1 of which is handicapped accessible. Number may be based on the Portable Sanitation Association International Guide or other association guides acceptable to the Board of Health.</i> | | | |
| *Gray Water/Sink Disposal | <input type="checkbox"/> None <input type="checkbox"/> Describe: | Note: Sinks may not dump onto the ground as this creates mud and a health and safety hazard. | |
| *Food Transportation | <input type="checkbox"/> None <input type="checkbox"/> Describe: | Note: All TCS food must be transported in covered containers using time and/or temperature controls, served within 4 hours, or discarded. | |
| *Equipment/storage | <input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Metal stem thermometer (0-220F) <input type="checkbox"/> Thermometer in each refrigerator/ice chest | <input type="checkbox"/> All food stored in covered containers off the ground/floor <input type="checkbox"/> Thermometer in each refrigerator/ice chest <input type="checkbox"/> Extra cooking and serving utensils | |
| *Food Service | <input type="checkbox"/> No Bare Hand Contact with RTE Foods <input type="checkbox"/> Extra serving utensils | <input type="checkbox"/> Condiments are single service or in squeeze bottles <input type="checkbox"/> Eating utensils are packaged single service or placed handles up | |
| *Mobile Kit Layout | <input type="checkbox"/> Attach a layout sketch of the truck or booth <input type="checkbox"/> Public restricted from food prep areas | <input type="checkbox"/> Floor/ground protected from dust/mud <input type="checkbox"/> Adequate lighting provided | |
| *Food Prep | <input type="checkbox"/> Some food prep in a licensed Commissary Kitchen, *Attach permit <input type="checkbox"/> All food prep done onsite. | <input type="checkbox"/> Food protected from hands, dust, insects, etc. <input type="checkbox"/> Do not mix food batches that are under time/temperature control | |
| *Food Handling | <input type="checkbox"/> No Bare Hand Contact with TCS Foods <input type="checkbox"/> Tissues, gloves and tongs used with TCS Foods <input type="checkbox"/> Extra serving utensils required onsite <input type="checkbox"/> Single serve condiments or squeeze bottles | <input type="checkbox"/> Food protected from hands, dust, insects, etc. <input type="checkbox"/> Do not mix food batches that are under time/temperature control <input type="checkbox"/> Food wrapped/covered and protected from direct sunlight <input type="checkbox"/> All hot/cold prepared TCS foods are discarded at the end of each day. The only exception is food that has been frozen at all times. | |
| *Cold Holding | <input type="checkbox"/> None, time log required. Cold food discarded every 6 hours. (Time Log required) | <input type="checkbox"/> Refrigerator or Refrigerated Truck, thermometer required in each unit <input type="checkbox"/> Ice Chest, thermometer required in each unit, held below 40F | |
| *Cooking/ Reheating | <input type="checkbox"/> Cooked to order onsite <input type="checkbox"/> Grilling/propane cooking units | <input type="checkbox"/> Reheating to 165 F must be completed in 2 hours. Describe methods | |

| | | |
|-------------------------|---|---|
| | <input type="checkbox"/> Electric cooking units | Note: Sterno and other hot holding methods are not fast enough for cooking and reheating and are not permitted. |
| *Hot Holding | <input type="checkbox"/> None, time log required. All hot food discarded every 4 hours. (Time Log required) | <input type="checkbox"/> Sterno/electric warmers, thermometer required to monitor temps <input type="checkbox"/> Hot Chest, thermometer required in each unit. Held above 135 F. |
| *Handwash Sinks | <input type="checkbox"/> Labeled, plumbed handwash sink with pump soap/paper towels | <input type="checkbox"/> Labeled gravity flow container/carboys with pump soap/paper towels Note: Hand sanitizer or gloves are not substitutes for a hand wash sink. |
| *Prep/Wash Sinks | <input type="checkbox"/> Plumbed 3 bay wash, rinse, sanitize | <input type="checkbox"/> Labeled, gravity flow pans |
| *Sanitizer | <input type="checkbox"/> Bleach Solution <input type="checkbox"/> Quaternary Ammonia | <input type="checkbox"/> Other, explain |
| *Food Transportation | <input type="checkbox"/> Note: All TCS food must be transported in covered containers using time and/or temperature controls, served within 4 hours or discarded. Explain | |
| *Garbage/Trash Disposal | <input type="checkbox"/> Trash Cans <input type="checkbox"/> Dumpster | <input type="checkbox"/> Other |

Fill in charts; **no changes** without approval

Potentially Hazardous Food Prep at the Approved Kitchen (off-site)

| FOOD | THAW | CUT/ ASSEMBLE | COOK | COOL | COLD HOLD | REHEAT | HOT HOLD | PORTION PACKAGE |
|------|------|---------------|------|------|-----------|--------|----------|-----------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |

Potentially Hazardous Food Prep at the Booth/Mobile

*Attach plan describing booth, floors, walls, ceiling, equipment, handwash stations, dishwash stations, ranges, refrigerator, worktables, storage, etc.

| FOOD | THAW | CUT/ ASSEMBLE | COOK | COOL | COLD HOLD | REHEAT | HOT HOLD | PORTION PACKAGE |
|------|------|---------------|------|------|-----------|--------|----------|-----------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |

EVENT ORGANIZER FORM for SPECIAL EVENTS / FARMER'S MARKETS

A Food Vendor Form must be completed for each booth/operation that serves food to the public, including non-profits

| | | | |
|--|---|---|---|
| *Event Name | | *Tax Status | <input type="checkbox"/> Non-Profit <input type="checkbox"/> For Profit |
| *Event Address | | | |
| *Event Organizer | | *Contact Phone | |
| *OrganizerAddress | | 24/7 Contact Cell | |
| *Event Duration | <input type="checkbox"/> Annual (Calendar Year) <input type="checkbox"/> Seasonal (up to 5 consecutive months) <input type="checkbox"/> *Temporary (up to 14 consecutive days for one event) <input type="checkbox"/> One Day Permit (0600-2400) <input type="checkbox"/> Non-Profit Occasional/Bake Sale (up to 3/yr) <input type="checkbox"/> Other: | | |
| *Start Date | | *End Date | *Expected # people/day |
| *Event Type | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile <input type="checkbox"/> Multiple Venues | *Dates/Locations | Attach List. BOH may require notice before each event. |
| *Special Planning | <input type="checkbox"/> Animals <input type="checkbox"/> Children <input type="checkbox"/> Elderly <input type="checkbox"/> Handicapped | *Amenities | <input type="checkbox"/> Electricity <input type="checkbox"/> Drinking Water <input type="checkbox"/> Toilets <input type="checkbox"/> None |
| *Portable Toilets | <input type="checkbox"/> None <input type="checkbox"/> Yes* | *Toilet Vendors Name | |
| *Trash Hauler | <input type="checkbox"/> None <input type="checkbox"/> Yes* | *Trash Hauler's Name | |
| *Describe Event | <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> Mobile/Various | | |
| Operating Times: | <input type="checkbox"/> Sunday_____ <input type="checkbox"/> Monday_____ <input type="checkbox"/> Tuesday_____ <input type="checkbox"/> Wednesday_____ <input type="checkbox"/> Thursday_____ <input type="checkbox"/> Friday_____ <input type="checkbox"/> Saturday_____ | | |
| <input type="checkbox"/> Event permit obtained from Town/City if required | <input type="checkbox"/> Fire Dept. approval, propane tanks, open flames, BBQ | <input type="checkbox"/> Police notified Ice Cream Truck | <input type="checkbox"/> Building Department approval for tents may be required (must have fire retardant label). |
| *List of All Food Vendors | 1. name, 2. address, 3. contact phone, 4. type of food, 5. type of equipment | | |
| *Provided to all Food Vendors: | 1. BOH Food Applications 2. Information on Site utilities/services 3. Link/copy of DPH "Are You Ready" | | |
| *Will Event Organizer be providing a common knowledgeable Person-in-Charge (PIC) with a current Food Safety Manager's, Allergen Awareness, and Choke Saver Certifications? <input type="checkbox"/> Yes <input type="checkbox"/> No, each Vendor is providing their own trained, certified Person-in-Charge with all Certifications. | | | |

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

| | | | |
|--|----|---|------|
| <input type="checkbox"/> *Basic Fee | \$ | <input type="checkbox"/> Late Fee | \$50 |
| <input type="checkbox"/> Additional Fees | \$ | <input type="checkbox"/> Total Fee Paid | \$ _ |

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

| | | | |
|------------|--|-----------------------|--|
| Name/Title | | *Date of Application: | |
|------------|--|-----------------------|--|