

FOR BOARD OF HEALTH USE ONLY

Date Received _____

Date Inspected _____

Approved By _____

Permit # Issued _____

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.:	
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. 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:	Fax:
14) Water Source: DEP Public Water Supply No.: (if applicable) 16) Days and Hours of Operation	15) Sewage disposal: 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</i>	
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): 0 Yes 0 No	

