

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____	DATE INSPECTED _____	APPROVED BY _____	PERMIT FEE: \$ _____	PERMIT ISSUED _____
			LATE FEE: \$ _____	DATE: _____
			TOTAL FEE = \$ _____	ID#: _____

**TOWN OF MATTAPOISETT
BOARD OF HEALTH
P. O. BOX 434, 16 MAIN ST.
MATTAPOISETT, MA 02739**

2017 Food Establishment Permit Application

New business application must be submitted at least 30 days prior to planned opening date

Check type of application: **New (Initial)** **Annual Renewal** **Amended**
PLEASE PRINT CLEARLY

1) Establishment Name: _____													
2) Establishment Address: _____													
3) Establishment Mailing Address: <i>(if different)</i> _____													
4) Establishment Telephone No.: () _____	Fax No.: () _____												
5) Applicant Name: _____	Title: _____												
6) Applicant Address: _____ Telephone No.: () _____													
Applicant's E-mail: _____													
7) Establishment Owner's Name: (First) _____ (Last) _____ (MI) _____													
Name of Association, Corporation, or Partnership: <i>(if applicable)</i> _____													
8) Owner Address: <i>(if different from applicant)</i> _____													
9) Food Establishment is owned by: <i>(Check one)</i> <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other legal entity	10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State: <i>(Please provide an attachment if necessary)</i> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Officer/Partner's Name</u></th> <th style="text-align: left;"><u>Title</u></th> <th style="text-align: left;"><u>Home Address</u></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>	<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
11) Establishment is: <i>(Check one)</i> <input type="checkbox"/> Part of Chain <input type="checkbox"/> Independent													
12) Person Directly Responsible for Daily Operations: <i>(Owner, Person in Charge, Supervisor, Manager etc.)</i>													
Name: _____ Title: _____ Telephone No: () _____													
Address: _____													
Fax Number: () _____	24 Hour Emergency Number: () _____												
13) District or Regional Supervisor: <i>(if applicable)</i>													
Name: _____ Title: _____ Telephone No: () _____													
Address: _____													
Fax Number: () _____	24 Hour Emergency Number: () _____												
14) Style of Establishment: <i>(Check only one)</i>													
<input type="checkbox"/> Bar	<input type="checkbox"/> Gas Station Only												
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Gas Mini-Mart												
<input type="checkbox"/> Department Store	<input type="checkbox"/> Grocery Store												
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Membership Association												
<input type="checkbox"/> Pharmacy/Retail Store	<input type="checkbox"/> Restaurant (Bar Area)												
<input type="checkbox"/> Restaurant Only	<input type="checkbox"/> Other (specify): _____												

15) Water Source: DEP Water Supply Number: <i>(if applicable)</i>	16) Sewage disposal:
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Food Establishment Application (continued)

17) Location Type: <i>(Check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Mobile Unit		
18) Days and Hours of Operation:		19) Number of Food Employees:
20) Name of Person(s) in Charge Certified in Food Protection Management: <i>(copy of certificate required)</i>		
21) Person Trained in Anti-Choking Procedures: <i>(if 25 seats or more)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
22) Establishment Type: <i>(Check all that apply)</i>		
<input type="checkbox"/> Retail (_____ Sq. Ft.)	<input type="checkbox"/> Residential Kitchen for:	<input type="checkbox"/> Caterer
<input type="checkbox"/> Food Service - (_____ Seats)	<input type="checkbox"/> Retail Sale	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Food Service – Takeout	<input type="checkbox"/> Bed & Breakfast Home	<input type="checkbox"/> Mobile Vehicle
<input type="checkbox"/> Food Service – Institution(_____Meals/D)	<input type="checkbox"/> Bed & Breakfast Establishment	<input type="checkbox"/> Push Cart
<input type="checkbox"/> Frozen Dessert Manufacturer	<input type="checkbox"/> Other <i>(Describe):</i>	
23) Length of Permit: <i>(Check one)</i>		
<input type="checkbox"/> Annual	<input type="checkbox"/> Seasonal - Dates: _____	<input type="checkbox"/> Temporary - Dates: _____ Times: _____
24) Food Preparation: <i>(Check all that apply)</i>		
Definitions: PHF – potentially hazardous food (time/temperature controls required)		
Non-PHF’s – non-potentially hazardous food (no time/temperature controls required)		
RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)		
<input type="checkbox"/> Sale of commercially pre-packaged Non-PHF’s <input type="checkbox"/> Sale of commercially pre-packaged PHF’s <input type="checkbox"/> Delivery of packaged PHF’s <input type="checkbox"/> Reheating of commercially processed foods for service within (4) hours <input type="checkbox"/> Customer self-service of Non-PHF and non-perishable foods only <input type="checkbox"/> Preparation of Non-PHF’s for retail sale <input type="checkbox"/> Offers RTE PHF in bulk quantities <input type="checkbox"/> PHF cooked to order <input type="checkbox"/> Preparation of PHF’s for hot and cold holding for single meal service	<input type="checkbox"/> Customer self service <input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer <input type="checkbox"/> Ice manufactured and packaged for retail sale <input type="checkbox"/> Juice manufactured and packaged <input type="checkbox"/> Retail sale of salvage, out-of-date or reconditioned food <input type="checkbox"/> Hot PHF cooked and cooled or hot held for more than a single meal service <input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility <input type="checkbox"/> Raw or undercooked food of animal origin	<input type="checkbox"/> Vacuum packaging/cook chill <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"/> Prepared food/single meals for catered events or institutional food service <input type="checkbox"/> Other <i>(Describe):</i> _____ <input type="checkbox"/> Dumpster Co: <input type="checkbox"/> Grease Hauler: <input type="checkbox"/> Pest Control Co:

25) Establishment Owner’s Tax identification number as reported to the Massachusetts Dept. of Revenue:
 ✓ *If owned by an individual:* D.O.B. _____ Social Security Number: _____

✓ *If owned by an association, corporation, partnership, or other legal entity:*
 Federal Employer Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Health Department 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: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness outbreak, gross insanitary occurrences or condition, 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).

26) Authorized Signatory – print name and title clearly, sign and date below:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the Mattapoisett Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises.

The non-criminal FINES concerning Food Establishment Regulations adopted by the Mattapoisett Board of Health pursuant to MGL, Ch 111, 31 are as follows:

IMPORTANT NOTICE:	Violations related to Foodborne Illness Interventions and Risk Factors	\$250.00
	Repeat Violations related to General Retail Practices	\$150.00
	Repeat Non-Criminal Violations related to Good Retail Practices	\$ 75.00
	Operating an establishment without a current permit	\$ 50.00 (per day); \$100.00 (2 nd day +)

PAYMENT IS DUE WITH APPLICATION

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