



**STONEHAM**  
 Board of Health - Health Department  
 SENIOR CENTER  
 136 ELM STREET  
 STONEHAM, MA 02180-2087

Tel: 781-279-2621  
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**FOR BOARD OF HEALTH USE ONLY:**

PAID CASH/CHECK # \_\_\_\_\_ IN THE AMOUNT OF \_\_\_\_\_ ON  
 \_\_\_\_\_, 200\_\_\_\_, PERMIT #. \_\_\_\_\_ REC'D BY \_\_\_\_\_

**Food Establishment Permit Application**  
*(Application must be submitted at least 30 days before the planned opening date)*

<b>1) Establishment Name:</b>	
<b>2) Establishment Address:</b>	
<b>3) Establishment Mailing Address (if different):</b>	
<b>4) Establishment Telephone No:</b>	<b>Email:</b>
<b>5) Applicant Name &amp; Title:</b>	<b>Email:</b>
<b>6) Applicant Address:</b>	
<b>7) Applicant Telephone No:</b>	<b>24 Hour Emergency No:</b>
<b>8) Owner Name &amp; Title (if different from applicant):</b>	
<b>9) Owner Address (if different from applicant):</b>	
<b>9a) New Establishment</b> _____ <b>Existing</b> _____ <b>Permit Renewal</b> _____ <b>Change of Ownership</b> _____.	

<b>10) Establishment Owned By:</b> An Association _____ A Corporation _____ An Individual _____ A Partnership _____ Other legal entity _____	<b>11) If a corporation or partnership, give name, title, and home addresses of officers and partners.</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>								
_____	_____	_____								
_____	_____	_____								

<b>12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)</b>	
Name & Title: _____	
Address: _____	
Telephone No: _____	Fax: _____
Emergency Telephone No: _____	Email: _____
Seating Capacity _____	# of Seats _____

<b>13) Name of Person In Charge Certified in Food Protection Management:</b> <i>Required as of 10/11/2001 in accordance with 105 CMR 590.003(A)</i>	<i>Copy required.</i>
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<b>14) Person Trained In Anti-Choking Procedures (if 25 seats or more):</b> Yes _____ No _____ Expires: _____ Copy required _____
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**15) Water Source:** \_\_\_\_\_ **16) Sewage disposal:** \_\_\_\_\_  
 DEP Public Water Supply No: *if applicable*

**17) Days and Hours of Operation:** \_\_\_\_\_ **18) No. of Food Employees:** \_\_\_\_\_

<b>19) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	<b>21) Establishment Type (check all that apply)</b>		<input type="checkbox"/> Food Service Function	\$25.00
	<input type="checkbox"/> Bakery, Caterer, Mobil Food Service, Convenience Store	\$150.00	<input type="checkbox"/> Food Plan Review	\$25.00
<b>20) Length Of Permit:</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates/Time: _____	<input type="checkbox"/> Supermarkets	\$500.00	<input type="checkbox"/> Ice Cream	\$20.00
	<input type="checkbox"/> Food Service (_____ # Seats) \$1.00 per Seat, Plus	\$150.00	<input type="checkbox"/> Milk and Cream	\$15.00
	<input type="checkbox"/> Food Service-Institution (meals a day)	\$150.00	<input type="checkbox"/> Churches	\$25.00
	<input type="checkbox"/> Food Retail	\$150.00	<input type="checkbox"/> Private Clubs	\$75.00
	<input type="checkbox"/> Frozen Dessert Retailer	\$ 30.00	<input type="checkbox"/> Vending Machines	\$25.00
<b>Other (Describe)</b> _____				

**Please Note: Frozen Dessert Retailers are required to have a standard plate count and a standard coliform count made by an approved laboratory and submitted to the Board of Health. This count must be submitted once a month.**

**22) If you are a Frozen Dessert Manufacturer:** Is the mix you use purchased?  Yes  No  
 If so, from whom? \_\_\_\_\_  
 Is the mix pasteurized or not? \_\_\_\_\_

**23) Food Operations:** (check all that apply)  
 Definitions: **PHF** - potentially hazardous food (time/temperature controls required)  
**Non-PHF**s - non- potentially hazardous food (no time/temperature controls needed)  
**RTE**- ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for more than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot and Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE foods prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<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"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe): _____	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities Retail Sale of Salvage, Out-of Date or Reconditioned Food	<b>Total Permit Fee:</b> _____ <b>Payment is due with Application, \$50.00 late fee applies if application is received after July 15.</b>

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 561.009 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 561.009 and the Federal Food Code.

**24) Signature of Applicant:** \_\_\_\_\_

**Pursuant to MGL Ch. 62C, sec. 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.**

**25) Social Security Number or Federal ID:** \_\_\_\_\_

**26) Signature of Individual or Corporate Name:** \_\_\_\_\_

