



STONEHAM
 Board of Health - Health Department
 35 CENTRAL STREET
 STONEHAM, MA 02180

Tel: 781-279-2621
 Fax: 781-507-2615

FOR BOARD OF HEALTH USE ONLY:

PAID CASH/CHECK # _____ IN THE AMOUNT OF _____ ON
 _____, 201____, PERMIT #. _____ REC'D BY _____

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:	Email:
5) Applicant Name & Title:	Email:
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):	
9a) New Establishment _____ Existing _____ Permit Renewal _____ Change of Ownership _____.	

10) Establishment Owned By: An Association _____ A Corporation _____ An Individual _____ A Partnership _____ Other legal entity _____	11) If a corporation or partnership, give name, title, and home addresses of officers and partners. <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>								
_____	_____	_____								
_____	_____	_____								

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

13) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/11/2001 in accordance with 105 CMR 590.003(A)</i>	<i>Copy required.</i>
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14) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes _____ No _____ Expires: _____ Copy required _____

15) Water Source: DEP Public Water Supply No: *if applicable* **16) Sewage disposal:**

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

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

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-PHFs - 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	Total Permit Fee: _____ Payment is due with Application, \$50.00 late fee applies each business day if application is received after May 31.

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: _____ **Date:** _____
Applicant Email: _____

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) Federal ID: _____
26) Signature of Individual or Corporate Name: _____

