



Health Department

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

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

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 border="0"> <tr> <td><u>Name</u></td> <td><u>Title</u></td> <td><u>Home Address</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </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: <i>if applicable</i>	16) Sewage disposal:
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17) Days and Hours of Operation:	18) No. of Food Employees:
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19) Location:

Permanent Structure
 Mobile

21) Establishment Type (check all that apply)

Supermarkets \$500.00
 Food Service
 Annual: 0-50 seats \$100.00
 Annual 51-100 seats \$150.00
 Annual 100+ seats \$200.00
 Annual: Add catering \$ 25.00
 Annual: catering only \$100.00
 Food Retail \$150.00
 Food Institution \$150.00

Frozen Dessert Retailer \$40.00
 Ice Cream (not pre-packed) \$20.00
 Churches \$25.00
 Non-profit \$0.00
 Residential Kitchen \$25.00

20) Length of Permit

(Check one)
 Annual
 Seasonal/Dates/Time: _____

Please Note: Frozen Dessert Retailers are required to have a standard plate count and a standard coli form 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: **TCS** - potentially hazardous food (time/temperature controls required)
Non-TCSs - 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-TCS's	<input type="checkbox"/> TCS Cooked To Order	<input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for more than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCSs	<input type="checkbox"/> Preparation Of TCSs for Hot and Cold Holding for Single Meal Service.	<input type="checkbox"/> TCS and RTE foods prepared for highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged TCSs	<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-TCS 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-TCSs	<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 TCS 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 June 15th.

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: _____