



**MONTAGUE BOARD OF HEALTH  
FOOD ESTABLISHMENT PERMIT APPLICATION**

(APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO PLANNED OPENING DATE WITH ALL PERMITTING FEES)

Date \_\_\_\_\_ Permit # \_\_\_\_\_

D.B.A. \_\_\_\_\_ Phone \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing (if different) \_\_\_\_\_

Applicant Name & Title \_\_\_\_\_ Owner/President \_\_\_\_\_

Address of Applicant Owner/President \_\_\_\_\_

Phone # of Applicant Owner/President \_\_\_\_\_

Establishment Owned By:

- Association
- Corporation
- Individual
- Partnership
- Other Legal Entity:

BUSINESS OWNER INFORMATION AS REQUIRED ABOVE

If Corporation or partnerships give name, title, phone # & home address of officers or partners.

<u>NAME</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____

Name & address of Local Agent or Store Manager \_\_\_\_\_

Phone # \_\_\_\_\_

Emergency response person (name) \_\_\_\_\_ Phone # \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

Name & address of District or Regional Supervisor (If Applicable) \_\_\_\_\_

Phone # \_\_\_\_\_

**If institution, hospital, nursing home, day care, etc.,** Number of patients or clients, and employees \_\_\_\_\_

Social Security number \_\_\_\_\_ Federal Identification number \_\_\_\_\_

**APPLICATION FEE IS NON-REFUNDABLE ALL PERMITS EXPIRE DEC. 31<sup>ST</sup>  
PAYMENT IS DUE WITH THE APPLICATION**

**\*\*INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

FOOD ESTABLISHMENT INFORMATION

Water Source: \_\_\_\_\_ Sewage Disposal: \_\_\_\_\_

DEP Public Water Supply No (If Applicable) : \_\_\_\_\_

Number of Food Employees: \_\_\_\_\_

Name Person In Charge Certified in Food Protection Management: \_\_\_\_\_

*(Required as of 10/01/2001 in accordance with 105CMR 590.00.(A) Please Attach Copy of Certificate)*

Person Trained in Anti-Choking Procedures (If 25 Seats or More): No Yes \_\_\_\_\_

Location:  Permanent Structure  Mobile

Establishment Type:

(Check All That Apply)

- Retail (      Sq. Ft.)  Caterer
- Food Service (      Seats)  Mobile
- Food Service – Takeout  Residential Kitchen for Retail Sale
- Food Service – Institution (    Meals/Day)  Residential Kitchen for Bed & Breakfast Home
- Frozen Dessert Manufacturer  Residential Kitchen for Bed & Breakfast Establishment

Length of Permit:

- Annual
- Seasonal/Dates:
- Temporary/Dates/Time:

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 (Ex. Sandwiches, Salads, Muffins which need no further processing)

Food Operations:  
(Check All That Apply)

- Sale of Commercially Pre-Packaged Non-PHF's
- PHF Cooked to Order
- Hot Cooked & Cooled or Hot Held for More Than a Single Meal Service
- Sale of Commercially Pre-Packaged PHF's
- Preparation of PHF's for Hot & Cold Holding for Single Meal Serve
- PHF & RTE Foods Prepared for Highly Susceptible Population Facility
- Delivery of Packaged PHF's
- Sale of Raw Animal Foods Intended to be Prepared by Consumer
- Vacuum Packaging/Cook Chill
- Reheating of Commercially Processed Foods for Service Within 4 Hours
- Customer Self-Service
- Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- Ice Manufactured and Packaged for Retail Sale
- Offers Raw or Undercooked Food of Animal Origin
- Preparation of Non-PHF's
- Juice Manufactured and Packaged for Retail Sale
- Prepares Food/Single Meals for Catered Events or Institution Food Service
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvage, Out-of Date or Reconditioned Food
- Other (Describe):

I 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 590.000 the Federal Food Code and all other applicable law. I agree to allow the regulatory authorizing access to this establishment as specified in the Federal Food Code, including records. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

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.

Social Security Number of Federal ID: \_\_\_\_\_

Signature of Individual or Corporate Name: \_\_\_\_\_