

FOR WAKEFIELD BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

PERMITS ARE TO BE PAID BY CHECK PAYABLE TO TOWN OF WAKEFIELD

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

Please Print and Complete ENTIRE Application

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:													
5) E mail:													
6) Applicant Name & Title:													
7) Applicant Address:													
8) Applicant Telephone No:	24 Hour Emergency No:												
9) Owner Name & Title (if different from applicant):													
10) Owner Address (if different from applicant):													
11) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	12) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</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>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	Home Address											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax:												
Emergency Telephone No:	_____												
14) District or Regional Supervisor (if applicable)													
Name & Title:	_____												
Address:	_____												
Telephone No:	Fax:												

Food Establishment Information

15) Water Source: DEP Public Water Supply No: (if applicable)		16) Sewage disposal:			
17) Days and Hours of Operation:		17) No. of Food Employees:			
19) Name of Person In Charge Certified in Food Protection Management: _____ Please attach copy of Certificate Also please attach a copy of the front page of your Certificate of Insurance					
20) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
21) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type (check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <input type="checkbox"/> Bakery \$100 <input type="checkbox"/> Bottling and Spring Water \$100 <input type="checkbox"/> Catering establishment \$125 <input type="checkbox"/> "Farmer's Market" non PHF's \$25 <input type="checkbox"/> "Farmer's Market" PHF's \$50 <input type="checkbox"/> Food establishment \$100 <input type="checkbox"/> Food establishment, bar service \$200 </td> <td style="width:50%; border: none;"> <input type="checkbox"/> Frozen Dessert \$50 <input type="checkbox"/> Function Hall \$125 <input type="checkbox"/> Function Hall, non profit \$0 <input type="checkbox"/> Mobile food service \$100 <input type="checkbox"/> Retail food, <10,000 sq ft \$100 <input type="checkbox"/> Retail food, < 10,000 sq ft with deli \$100 <input type="checkbox"/> Retail food > 10,000 sq ft \$200 <input type="checkbox"/> Residential kitchen \$25 <input type="checkbox"/> Res. Kitchen Initial application fee \$50 <input type="checkbox"/> Temporary food service \$25 </td> </tr> </table>		<input type="checkbox"/> Bakery \$100 <input type="checkbox"/> Bottling and Spring Water \$100 <input type="checkbox"/> Catering establishment \$125 <input type="checkbox"/> "Farmer's Market" non PHF's \$25 <input type="checkbox"/> "Farmer's Market" PHF's \$50 <input type="checkbox"/> Food establishment \$100 <input type="checkbox"/> Food establishment, bar service \$200	<input type="checkbox"/> Frozen Dessert \$50 <input type="checkbox"/> Function Hall \$125 <input type="checkbox"/> Function Hall, non profit \$0 <input type="checkbox"/> Mobile food service \$100 <input type="checkbox"/> Retail food, <10,000 sq ft \$100 <input type="checkbox"/> Retail food, < 10,000 sq ft with deli \$100 <input type="checkbox"/> Retail food > 10,000 sq ft \$200 <input type="checkbox"/> Residential kitchen \$25 <input type="checkbox"/> Res. Kitchen Initial application fee \$50 <input type="checkbox"/> Temporary food service \$25
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23) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		Other (Describe): <p style="text-align: center; color: red;">LATE FEE \$50 PER DAY</p>			
24) Food Operations: (check all that apply):		Definitions: <i>PHF – potentially hazardous food (time/temperature controls required)</i> <i>Non-PHF's – non- potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>			
<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):		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <i>To be completed by the Board of Health</i> Total Permit Fee: _____ Payment is due with application </td> </tr> </table>		<i>To be completed by the Board of Health</i> Total Permit Fee: _____ Payment is due with application	
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<input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food					

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 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

25) **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.

26) **Social Security Number or Federal ID:** _____

27) **Signature of Individual or Corporate Name:** _____