

<p>Sale of commercially pre-packaged Non-PHF's</p> <p>Sale of commercially pre-packaged PHF's</p> <p>Delivery of packaged PHF's</p> <p>Reheating of commercially processed foods for service within (4) hours</p> <p>Customer self-service of Non-PHF and non-perishable foods only</p> <p>Preparation of Non-PHF's for retail sale</p> <p>Offers RTE PHF in bulk quantities</p> <p>PHF cooked to order</p> <p>Preparation of PHF's for hot and cold holding for single meal service</p>	<p>Customer self-service</p> <p>Sale of raw animal foods intended to be prepared by consumer</p> <p>Ice manufactured and packaged for retail sale</p> <p>Juice manufactured and packaged</p> <p>Retail sale of salvage, out-of-date or reconditioned food</p> <p>Hot PHF cooked and cooled or hot held for more than a single meal service</p> <p>PHF and RTE foods prepared for highly susceptible population facility</p> <p>Raw or undercooked food of animal origin</p>	<p>Vacuum packaging/cook chill</p> <p>Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)</p> <p>Prepared food/single meals for catered events or institutional food service</p> <p>Other (<i>Describe</i>):</p> <hr/> <p>If applicable, Name of:</p> <p>Dumpster</p> <p>Co.: _____</p> <p>Pick up</p> <p>dates: _____</p> <p>Grease</p> <p>Hauler: _____</p> <p>Pick up</p> <p>dates: _____</p> <p>Septic</p> <p>Hauler: _____</p>
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Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the Fairhaven Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises.

23) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

If owned by an individual: Social Security Number: _____

If owned by an association, corporation, partnership, or other legal entity
Federal Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Fairhaven Board of Health Administrative Office on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

24) Authorized Signatory –print name and title clearly and sign below:

Print Name: _____

Title: _____

Signature: _____

Payment is due with application