

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____

DATE INSPECTED _____

APPROVED BY _____

PERMIT FEE: \$ _____

PERMIT ISSUED

LATE FEE: \$ _____

DATE: _____

TOTAL FEE = \$ _____

ID#: _____

TOWN OF FAIRHAVEN

BOARD OF HEALTH

40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4022 Ext. 125

Food Establishment Permit Application (2018)

New business application must be submitted at least 30 days prior to planned opening date

Renewals must be submitted by 12/30/17 or late filing fee will apply

Check type of application:

☐ New (Initial)☐ Renewal☐ AmendedPLEASE **PRINT** CLEARLY**TODAY'S** DATE: _____

1) Establishment Trade Name: _____

2) Establishment Address: _____

3) Establishment Mailing Address (if different): _____

4) Establishment Telephone No.: () _____

Fax No.: () _____

5) Applicant Name: _____

Applicant's Title: _____

6) Applicant Address: _____

TELEPHONE No.: () _____

7) Establishment Owner's Name: (First) _____ (Last) _____ (MI) _____

Association, Corporation, Partnership, Legal Entity Name: _____

8) Owner's Address (if different from applicant): _____

Owner's E-Mail Address: _____

9) Food Establishment is OWNED by: (Check one)

☐ Association☐ Corporation☐ Individual☐ Partnership☐ Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State

(Please provide an attachment if necessary):

Officer/Partner's NameTitleHome Address_____

11) Establishment is:

(Check one)

☐ Part of Chain☐ Independent

(First) (Last) (MI)

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax No.: () _____

24 Hour Emergency Number: () _____

13) District or Regional Supervisor (if applicable):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax No.: () _____

24 Emergency Number: () _____

14) Style of Establishment: (Check only one)

☐ Bar☐ Gas Station Only☐ Liquor Store☐ Restaurant (Bar Area)☐ Convenience Store☐ Gas Mini-Mart☐ Membership Association☐ Restaurant Only☐ Department Store☐ Grocery Store☐ Pharmacy/Retail Store☐ Other (specify): _____

Food Establishment Information (continued)

15) Water Source:	16) Sewage disposal:	
17) Days and Hours of Operation:	18) Number of Food Employees:	
19) Name of Person(s) in Charge, Certified Food Manager & Food Allergen Certified (Attach copy of certificates):		
20) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of certificate)		
21) Establishment Type: (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Retail (_____ Sq. Ft.)</div> <div style="width: 33%;"><input type="checkbox"/> Residential Kitchen for:</div> <div style="width: 33%;"><input type="checkbox"/> Caterer</div> <div style="width: 33%;"><input type="checkbox"/> Food Service - (_____ Seats)</div> <div style="width: 33%;"><input type="checkbox"/> Retail Sale</div> <div style="width: 33%;"><input type="checkbox"/> Food Delivery</div> <div style="width: 33%;"><input type="checkbox"/> Food Service – Takeout</div> <div style="width: 33%;"><input type="checkbox"/> Bed & Breakfast Home</div> <div style="width: 33%;"><input type="checkbox"/> Mobile Vehicle</div> <div style="width: 33%;"><input type="checkbox"/> Food Service – Institution(_____Meals/D)</div> <div style="width: 33%;"><input type="checkbox"/> Bed & Breakfast Establishment</div> <div style="width: 33%;"><input type="checkbox"/> Push Cart</div> <div style="width: 33%;"><input type="checkbox"/> Frozen Dessert Manufacturer</div> <div style="width: 33%;"><input type="checkbox"/> Other (<i>Describe</i>):</div> </div>		
22) Location Type: (Check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Temporary Structure <input type="checkbox"/> Mobile Unit		
23) Length of Permit: (Check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal - Dates: _____ <input type="checkbox"/> Temporary - Dates: _____ Times: _____		
24) Food Preparation: (Check all that apply) Definitions: PHF – potentially hazardous food (time/temperature controls required) Non-PHF – non-potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)		
<input type="checkbox"/> Sale of commercially pre-packaged Non-PHFs <input type="checkbox"/> Sale of commercially pre-packaged PHFs <input type="checkbox"/> Delivery of packaged PHFs <input type="checkbox"/> Reheating of commercially processed foods for service within (4) hours <input type="checkbox"/> Customer self-service of Non-PHF and non-perishable foods only <input type="checkbox"/> Preparation of Non-PHFs for retail sale <input type="checkbox"/> Offers RTE PHF in bulk quantities <input type="checkbox"/> PHF cooked to order <input type="checkbox"/> Preparation of PHFs for hot and cold holding for single meal service	<input type="checkbox"/> Customer self service <input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer <input type="checkbox"/> Ice manufactured and packaged for retail sale <input type="checkbox"/> Juice manufactured and packaged <input type="checkbox"/> Retail sale of salvage, out-of-date or reconditioned food <input type="checkbox"/> Hot PHF cooked and cooled or hot held for more than a single meal service <input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility <input type="checkbox"/> Raw or undercooked food of animal origin	<input type="checkbox"/> Vacuum packaging/cook chill <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"/> Prepared food/single meals for catered events or institutional food service <input type="checkbox"/> Other (<i>Describe</i>): _____ <hr/> <input type="checkbox"/> If applicable, Name of Dumpster Company: Pick up dates: _____ Grease Hauler: _____ Pick up dates: _____ Septic hauler: _____
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.		

25) 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.

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

Name: _____ **Title:** _____

Signature: _____ **DOB:** _____

Payment is due with application