



Application for Permit to Operate a Food Establishment

Name of Establishment: _____ Name of Owner _____

Business Address: _____

Mailing Address (if different): _____

Name and Title of Applicant (if not the owner): _____ Tel: # _____

Address of Applicant: _____ Emergency Tel.# _____

If a corporation or partnership, State of Incorporation: _____ Names, titles & home addresses of officers or partners:

1. _____

2. _____

Name & Address of Local Agent: _____

Emergency Response Person: _____ Tel. _____

Type of Establishment	Fee	Permit Duration	Amount Owed
New Establishment Plan Review*	\$150		_____
Retail/Residential Kitchen*	\$ 75	Annual	_____
Food Service*	\$125	Annual	_____
Catering Business*	\$ 75	Annual	_____
Mobile Food Service* ***	\$ 75	Annual	_____
Bed and Breakfast*	\$ 75	Annual	_____
Temporary Permit* (See below)	\$20	Per Day	_____
Hotel/Motel up to 20 Rooms*	\$ 100	Annual	_____
Hotel/Motel Over 20 Rooms	\$10 Each Additional Room		_____
Frozen Desserts	\$25	Annual	_____

*Requires Application ***Application must include a list of the hand wash and toilet facilities to be available

*Temporary Permits: Must List all foods to be sold at bottom of this application.

Additional Information

Water

Source: _____ Sewage Disposal: _____

Days and Hours of

Operation _____

If Restaurant, Number of Seats: _____ Person trained in Anti-choking Procedures (if 25 or more seats) Yes No

Include a completed Workers Compensation Affidavit (Instructions and Form can be found on Town Website)

I, the undersigned, hereby apply to the Phillipston Board of Health for a permit to operate a food establishment in accordance with Ch. 10 of the State Sanitary Code, 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments. Pursuant to M.G.L. 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 all state taxes required by law.

Signature of Applicant

Social Security Number or Fed. ID Number

Signature of Individual/Corporate Name by Corporate Officer (if applicable)

For Board of Health Use Only Date Received _____ Date Inspected _____

Approved by: _____ Permit No. Issued _____

FOODS TO BE SERVED: List all foods to be sold. Use back side if necessary.

*You may be
Subject to a
Business License
Permit.
See Town Clerk.*