

BoH Permit Issued
Date: _____ **Initials:** _____

New License Renewal Amended

TOWN OF WILLIAMSTOWN - BOARD OF HEALTH
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Please type or print neatly. ALL items must be completed.

A CHECK PAYABLE TO "THE TOWN OF WILLIAMSTOWN" MUST ACCOMPANY ALL APPLICATIONS.

Signing this application certifies that the applicant and the establishment will operate and abide by the provisions of 105 CMR 590.000 State Sanitary Code Chapter X: Minimum Standards for Food Establishments, the Federal Food Code, and all applicable local regulations.

Establishment Name _____ Telephone Number _____
 Business Address _____
 Mailing Address _____
 Email Address _____
 Owner _____ Telephone Number _____
 Supervisor _____ Telephone Number _____
 Emergency Contact _____ Telephone Number _____

Check applicable permit type(s) and include fee(s)

A 50% surcharge will be assessed for renewals not received by the specified dates

- | | | |
|---------------------|---|--|
| Retail Food | <input type="checkbox"/> \$120 - Annual | <input type="checkbox"/> \$60 - Seasonal* |
| Foodservice/Caterer | <input type="checkbox"/> \$120 - Annual | <input type="checkbox"/> \$60 - Seasonal* |
| Mobile Vendor | <input type="checkbox"/> \$120 - Annual | <input type="checkbox"/> \$60 - Seasonal* |
| Caterer | <input type="checkbox"/> \$120 - Annual | <input type="checkbox"/> \$60 - Seasonal* |
| Residential Kitchen | <input type="checkbox"/> \$120 - Annual | <input type="checkbox"/> \$60 - Seasonal* |
| Bed and Breakfast | <input type="checkbox"/> \$60 - Annual | |
| Non-profit org. | <input type="checkbox"/> \$25 Occasional use of the facility only | |
| Temporary | <input type="checkbox"/> \$25 per day | <input type="checkbox"/> \$60 - maximum (3 to 14 days) |

* Seasonal permit - May 1 to October 31, or any time in between.

Establishment Detail

Water Source _____
 Sewage Disposal _____
 Total Seating Capacity _____

Type of Food Served (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> PHF cooked to order | <input type="checkbox"/> Non PHF |
| <input type="checkbox"/> PHF Held over | <input type="checkbox"/> Pre-packaged PHF |
| <input type="checkbox"/> RTE | <input type="checkbox"/> Raw animal product |

PHF: Potentially hazardous foods (time/temp.)

Non- PHF: Non-potentially hazardous food

RTE: Ready to eat (no further processing required)

Person(s) in Charge (PIC) certified in food protection _____

Number of Employees trained in anti-choking procedures (if 25 seats or more) _____

Mobile Vendor Handwash Stations

Location of Temporary Food Establishment _____

Temporary Function Date(s) _____ Menu _____

I certify, under the pains and penalties of perjury, that the information provided on this application is correct. Pursuant to MGL CH. 62, sec. 49A, I certify, under the pains and penalties of perjury that, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

Typed or Printed Name of Applicant

Signature of Applicant

Social Security # or Federal Identification #

Date of Application

Complete attached Worker's Compensation form on reverse.