

# TOWN OF CLINTON

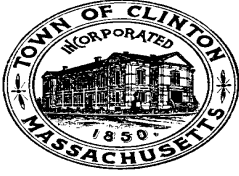
*Board of Health*

242 Church Street

Clinton, Massachusetts 01510

Tel: (978) 365-4116

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## FOOD ESTABLISHMENT PERMIT APPLICATION

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

Date Submitted:
Fee:
Date Inspected:
Date Approved:
License/Permit Number:

Length of Permit:

Annual: \_\_\_\_\_

Seasonal/Dates: \_\_\_\_\_

Temporary/Dates: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Permanent Structure \_\_\_\_\_ Mobile \_\_\_\_\_

**Owner/Applicant:** \_\_\_\_\_

Owner/Applicant Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ 24 Hour Emergency Phone \_\_\_\_\_

Sole Proprietor \_\_\_ Partnership \_\_\_ Trust \_\_\_ Corporation \_\_\_

If corporation or partnership give names, titles and home addresses of officers.

1. \_\_\_\_\_

2. \_\_\_\_\_

### Person(s) responsible for Daily Operations:

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ 24 Hour Emergency Phone: \_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

Person certified in Food Protection Management (Please attach copy of Certificate):

\_\_\_\_\_

Person trained in anti-choking procedures (if more than 25 seats): \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of Food Employees: \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT APPLICATION**

**Establishment Type** (check all that apply)

Retail (include square feet) \_\_\_\_\_ Food Service – Institution \_\_\_\_\_  
Food Service (number of seats) \_\_\_\_\_ Caterer \_\_\_\_\_ Food Service, Take-out \_\_\_\_\_  
Frozen Dessert Manufacturer \_\_\_\_\_ Residential Kitchen \_\_\_\_\_ Other (describe) \_\_\_\_\_

**Food Operations** (check all that apply)

Sale of Commercially Prepackaged Non-PHF's \_\_\_\_ Sale of Commercially Prepackaged PHF's \_\_\_\_  
Delivery of Packaged PHF's \_\_\_\_ Preparation of PHF's for Hot and Cold Holding for Single Meal Service \_\_\_\_  
PHF and RTE Foods Prepared for Highly Susceptible Population Facility \_\_\_\_  
Reheating of Commercially Processed Foods for service within 4 hours \_\_\_\_  
Customer Self-Service of Non-PHF and Non-Perishable Foods Only \_\_\_\_  
Ice Manufactured and Packaged for Retail Sale \_\_\_\_ Offers Raw or Undercooked Food of Animal Origin \_\_\_\_

**Special Processes** (check all that apply)

Juice Manufactured and Packaged for Retail Sale \_\_\_\_ Vacuum Packaging/Cook Chill \_\_\_\_  
Other (describe) \_\_\_\_\_

**Miscellaneous**

Water Source: \_\_\_\_\_

Sewage Disposal: \_\_\_\_\_

**Rubbish Hauler:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The undersigned hereby attest to the accuracy of the information provided in this application and affirm that this food establishment will comply with 105 CMR 590.00 and all other applicable laws.**

**In accordance with MGL Ch 62C, Sec. 49A, the undersigned hereby certify under the penalties of perjury, that all state tax returns have been filed and all state taxes have been paid as required by law.**

**Signature of Individual:**

**By: Signature of Corporate Officer (if applicable)**

\_\_\_\_\_

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Federal Tax ID Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_