



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**  
Aldrich School Town Hall Annex - 14 Hill Street  
Whitinsville, MA 01588  
Phone (508) 234-3272 Fax (508) 234-0821

## APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

### FOOD ESTABLISHMENT INFORMATION

Name of Food Establishment: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(For correspondence, Permit renewal notices, etc.)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### OWNER INFORMATION

Owning entity is a(n): ☐ Corporation ☐ Partnership ☐ Association ☐ Individual ☐ Other entity

Name of owning entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

***Person Directly Responsible for Daily Operations of this Food Establishment:***

\_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

***Immediate Supervisor of Person noted above (such as District or Regional Supervisor):***

\_\_\_\_\_

Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**24-HOUR EMERGENCY PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

## CERTIFICATIONS

**Name(s) of Certified Food Managers:** \_\_\_\_\_

*Northbridge Board of Health regulations require that a certified food manager be on-site whenever food is being prepared or served – be sure to provide sufficient staff certifications to ensure compliance.*

**Allergen Awareness Training Certification Holder(s):** \_\_\_\_\_

*The person certified in Allergen Awareness must also possess a food manager certification in accordance with 105 CMR 590.011(C)(3)(a).*

**Anti-Choking Certification(s)** (MGL CH.94§305D)(Establishments with over 25 seats): \_\_\_\_\_

***YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED ABOVE***

### TYPE OF FACILITY – PERMIT FEES

*Food Service – means an establishment where foods are prepared (includes coffee)*

*Retail Food – means an establishment with pre-packaged foods (no time/temperature controls)*

<input type="checkbox"/> <b>Food Service (0-149 seats)</b>	<b>\$250.00</b>	<input type="checkbox"/> <b>Retail Food ONLY</b>	<b>\$200.00</b>
<input type="checkbox"/> <b>Food Service (150+ seats)</b>	<b>\$350.00</b>	<input type="checkbox"/> <b>Retail Food (5+ Registers)</b>	<b>\$300.00</b>
<input type="checkbox"/> <b>Food Service w/ Retail</b>	<b>\$250.00</b>	<input type="checkbox"/> <b>Retail Food (LIMITED: &lt;50 SF retail space)</b>	<b>\$100.00</b>
<input type="checkbox"/> <b>Catering w/ Food Service</b>	<b>Add \$50.00</b>	<input type="checkbox"/> <b>Retail Food w/ Food Service</b>	<b>\$250.00</b>
<input type="checkbox"/> <b>Caterer</b>	<b>\$150.00</b>	<input type="checkbox"/> <b>Residential Kitchen</b>	<b>\$150.00</b>
<input type="checkbox"/> <b>House of Worship</b>	<b>No Fee</b>		
<b>TOTAL PERMIT FEE: \$</b>			

### DATES AND HOURS OF OPERATION

☐ Establishment operates year round

☐ Establishment is seasonal \_\_\_\_\_ to \_\_\_\_\_

Monday: \_\_\_\_\_ to \_\_\_\_\_

Friday: \_\_\_\_\_ to \_\_\_\_\_

Tuesday: \_\_\_\_\_ to \_\_\_\_\_

Saturday: \_\_\_\_\_ to \_\_\_\_\_

Wednesday: \_\_\_\_\_ to \_\_\_\_\_

Sunday: \_\_\_\_\_ to \_\_\_\_\_

Thursday: \_\_\_\_\_ to \_\_\_\_\_

## MAINTENANCE

Potable Water Source: ☐ Municipal Water ☐ On-Site Well  
Sewerage Disposal: ☐ Municipal ☐ On-Site Sewage Disposal System  
Chemical Sanitizer used: \_\_\_\_\_  
Pest Control Company: \_\_\_\_\_  
Waste Disposal Company: \_\_\_\_\_  
Grease Trap Maintenance Pumping Company: \_\_\_\_\_

## SIGNATORY PAGE

- ✓ I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.
- ✓ I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.
- ✓ I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. ( <https://www.sec.state.ma.us/spr/sprcat/agencies/105.htm> )
- ✓ I have been provided a copy of the Town of Northbridge Board of Health regulations governing Food Establishments.
- ✓ I have been provided a copy of the Town of Northbridge Board of Health Inspection Policy for Food Establishments.

***No application for a food establishment permit shall be considered without the following information –  
Please be sure to complete ALL items in box below:***

**Pursuant to MGL Chapter 62C, § 49A, I certify under penalty of perjury that I, to the best of my knowledge, have filed all state tax returns and paid state and local taxes required under law.**

**Social Security Number OR Federal ID Number:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Applicant Date of Birth:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

***Failure to file your Food Establishment Permit Renewal Application in a timely manner will be assessed the following **Late Fees**:***

***\*Failure to file Renewal Application **BEFORE** permit expiration: \$50.00***

***\*Renewal Applications **exceeding 30 days** past permit expiration: \$100.00***