



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

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

FOOD ESTABLISHMENT INFORMATION – The establishment name MUST BE THE SAME as the name listed on your Common Victualler (CV) License

Name of Food Establishment: _____

Address of Food Establishment: _____

Mailing Address: _____
(For general correspondence, Permit renewal notices, etc.)

Establishment Phone Number: _____

Indoor Seating - # of Seats: _____ Outdoor Seating - # of Seats: _____

OWNER INFORMATION – Information listed below must be the Legal Owner of the Food Establishment

Owning entity is a(n): ☐ Corporation ☐ Partnership ☐ Association ☐ Individual ☐ Other entity
(If corporation, association, or partnership, attach a list of names, addresses and phone numbers of the officers.)

Name of owning entity: _____

Contact Person: _____ Title: _____

Address: _____

Phone: (____) _____

Email: _____

Name of Person Directly Responsible for Daily Operations AT this Food Establishment:

Name: _____

Title: _____ Phone: (____) _____

Email: _____

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

Name: _____

Title: _____ Phone: (____) _____

Email: _____

24 HOUR EMERGENCY CONTACT INFORMATION

Name: _____ 24 Hour Phone Number: _____

INSPECTIONS & COMPLAINTS – RESPONSIBLE PARTY – This person will be the designated person responsible for receiving and addressing inspection reports and complaint concerns

Name: _____

Title: _____ Phone: (____) _____

Email: _____

REQUIRED CERTIFICATIONS - You must provide copies of all certifications listed below

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): _____

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 _____

TYPE OF FACILITY – PERMIT FEE

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

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

Food Service w/ Retail – means an establishment whose primary business is food preparation but also offers pre-packaged goods such as water, soda, chips, and other pre-packaged food items.

Retail w/ Food Service – means an establishment whose primary business is retail food but also offers limited food service such as coffee.

If you are unsure – please contact the office.

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

GENERAL MAINTENANCE INFORMATION

Potable Water Source: ☐ Municipal Water ☐ On-Site Well

Sewerage Disposal: ☐ Municipal ☐ On-Site Sewage Disposal System

Chemical Sanitizer used: _____

Pest Control Company: _____

Pest control contract for monthly service must be provided in accordance with local regulations

Waste Disposal Company: _____

Grease Trap Maintenance Pumping Company: _____

SPECIALIZED PROCESSES (if applicable)

☐ My food operation uses time as a public health control (TPHC) as specified under 3-501.19 in the 2013 Food Code (Example: storing TCS* food at room temperature for a period of time. To use TPHC, the Northbridge Board of Health must review and approve your plan PRIOR to implementation.

☐ My food operation uses Special Process(es) (check all that apply):

- ☐ Use of additives to render a food non-TCS* (i.e. sushi rice)
- ☐ Reduced Oxygen Packaging (ROP) / vacuum packing
- ☐ Cook-Chill / Sous Vide
- ☐ Curing and smoking foods for preservation
- ☐ Live molluscan shellfish tank
- ☐ Fermentation or sprouted seeds

***TCS – means Time Temperature Control for Safety Food – Foods that require refrigeration for safety.**

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, the Merged Food Code and the Federal Food Code. (<https://www.mass.gov/lists/retail-food>)
- ✓ 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***

TO BE SUBMITTED TO THE NORTHBRIDGE BOARD OF HEALTH OFFICE FOR REVIEW:

- ☐ Application for Permit to Operate a Food Establishment
- ☐ Permit Fee (Check made payable to the Town of Northbridge)
- ☐ Workers' Compensation Insurance Affidavit
- ☐ Copy of Pest Control Contract for Monthly Services
- ☐ Signed Copy of the Northbridge Food Establishment Inspection Procedure Policy
- ☐ Copies of all Food Manager and Allergen Awareness Certifications
- ☐ Copies of all Anti-Choking Certifications