



TOWN OF NORTHBRIDGE
BOARD OF HEALTH

7 Main Street
Whitinsville, MA 01588
Phone# (508) 234-3272 Fax# (508) 234-0821

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

ESTABLISHMENT INFORMATION

Name: _____	Email: _____
Address: _____ _____	Phone: (____) _____ Fax: (____) _____
Mailing Address: _____	

OWNER INFORMATION

Owning entity is a(n): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Individual <input type="checkbox"/> Other entity
Name of owning entity: _____
Contact Person: _____ Title: _____
Address: _____ _____ Phone: (____) _____
Person Directly Responsible for Daily Operations: _____
Title: _____ Phone: (____) _____
24-HOUR EMERGENCY PHONE NUMBER: (____) _____

CERTIFICATIONS

YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED BELOW

Name(s) of Certified Food Managers: _____ _____
Allergen Awareness Training Certification Holder(s): _____ _____
Anti-Choking Certification(s) (Establishments with over 25 seats): _____ _____

TYPE OF FACILITY

<input type="checkbox"/> Food Service (0-75 seats)	\$150.00	<input type="checkbox"/> Retail Food ONLY	\$150.00
<input type="checkbox"/> Food Service (76-149 seats)	\$200.00	<input type="checkbox"/> Retail Food (5+ Registers)	\$300.00
<input type="checkbox"/> Food Service (150+ seats)	\$300.00	<input type="checkbox"/> Retail Food (LIMITED: <50 SF retail space)	\$100.00
<input type="checkbox"/> Food Service w/ Retail	\$225.00	<input type="checkbox"/> Retail Food w/ Food Service	\$225.00
<input type="checkbox"/> Mobile Food (Seasonal)	\$100.00	<input type="checkbox"/> Residential Kitchen	\$125.00
<input type="checkbox"/> Banquet Facility Hall	\$100.00	<input type="checkbox"/> House of Worship	No Fee
<input type="checkbox"/> Caterer w/ Food Service	Add \$50.00	<input type="checkbox"/> Caterer	\$125.00
TOTAL PERMIT FEE: \$			

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 _____

MOBILE FOOD UNITS

Attach Copy of Permit for Base of Operations

Attach listing of stops and times in Northbridge

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.

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: _____

Signature: _____

Print: _____ Date: _____

*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*

Copies of 105 CMR 590.000 and the Federal Food Code can be obtained at the State House Book Store, Boston, MA. Phone (617) 727-2834 Website: <http://www.sec.state.ma.us/spr/sprcat/catidx.htm>