



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

### 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: (____) _____
<b>Person Directly Responsible for Daily Operations:</b> _____
Title: _____ Phone: (____) _____
<b>24-HOUR EMERGENCY PHONE NUMBER:</b> (____) _____

### 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 (0-149 seats)	\$200.00	<input type="checkbox"/> Retail Food ONLY	\$150.00
<input type="checkbox"/> Food Service (150+ seats)	\$300.00	<input type="checkbox"/> Retail Food (5+ Registers)	\$300.00
<input type="checkbox"/> Food Service w/ Retail	\$225.00	<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	\$225.00
<input type="checkbox"/> Caterer	\$125.00	<input type="checkbox"/> Residential Kitchen	\$125.00
<input type="checkbox"/> Mobile Food (Seasonal )	\$100.00	<input type="checkbox"/> House of Worship	No Fee
<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 \_\_\_\_\_

**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>