



TOWN OF NORTHBRIDGE  
**BOARD OF HEALTH**

1679 Providence Road  
Northbridge, MA 01534  
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***

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***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