



Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, Ma. 01432
(978) 772-3335 (800) 427-9762

Food Service Permit Application

Name of Business _____

Business address _____ Town/Zip _____

Phone number _____ Email _____

Name of Applicant _____ DOB _____

Note: Applicant must be 18 years of age or older.

Address of Applicant _____

Applicant phone number _____ Email _____

Name of owner of building (if different from applicant) _____

Emergency response contact _____

Type of Food Operation (check all that apply)

Retail (pre-packaged food only):

- Less than 5 employees \$125.00
- > 5 employees \$150.00

Food Service (based on the number of seats) & Plan Review:

- > 25 seats \$175.00 26-50 seats \$200.00 51-150 seats \$250.00
- 151-300 seats \$400 over 300 seats \$500.00
- Plan Review – Food Service Operation \$200.00

Supermarket with Food Service \$350.00

Mobile Food (NEW) & Plan Review \$280.00 (see mobile food guidelines)

Mobile Food (RENEWAL) \$130.00

Caterer \$85.00

Residential Kitchen or Bed and Breakfast - \$100.00 (see residential kitchen guidelines)

Farmers Market/Farm Stand \$25.00 Town: _____

Frozen Dessert Manufacturer \$25.00, if Town of Pepperell fee is \$50.00

If you are a food Service Operation, will you be doing any of the following (check all that apply)

___ Take out ___ TCS cooked to order ___ Preparation of NON TCS food ___ Preparation of TCS foods

___ Juice Manufactured and Packaged for Retail Sale ___ Delivery of Packaged TCS food

___ TCS and RTE Foods for prepared for Highly Suspectable Population ___ Vacuum Packaging

___ Offers a Raw or Undercooked Food of Animal origin ___ Other (specify) _____

TCS – time/temperature control for safety food (time temperature control required)

NON TCS – no time temperature control required

RTE – Ready-to-eat-foods (such as sandwiches, salads, pastry, etc. which need no further processing)

Are you preparing any foods that require a HACCP plan (such as sushi) Yes _____ No _____

If you checked yes, please make sure the HACCP plan is attached.

Name of person with Food Manager Certificate _____

Name of person with Allergy Certificate _____

****Please include copies of the Food Manager and Allergy Certificates with the application**

If 25 or more seats, it is mandatory that one employee be trained in anti-choking procedures at all times during operation.

- **If applicable – please submit a copy of Certified Food Management Training Certificate and allergen certificate with this application.**

Total number of seats in the establishment _____

Water source (town or private well or public water supply) _____

Type of Sewage Disposal: Town _____ Private Sewer _____

Days and hours of operation _____ Number of food Service Employees _____

Is a pest control program planned? Yes _____ No _____

Pest control company name and address _____

****If you are restaurant, take-out food establishment, catering operation, mobile food truck, or residential kitchen you must include a copy of your menu with this application.**

Source of supplies:

1. Bakery goods _____
2. Dairy products _____
3. Meats/poultry _____
4. Seafood _____
5. Ice _____

Construction Information:

1. Materials used in floors _____
2. Materials used on walls _____
3. Materials used on ceilings _____
4. Number of toilet rooms _____
5. Type of dishwasher (high or low temp) _____
6. Number of grease traps _____
7. Public water supply number (if applicable) _____
8. Disposal of garbage or rubbish _____
9. Number of refrigerators _____ Number of Freezers _____
10. Number of hand sinks _____ Number of 3 basin sinks _____

***** Contact Nashoba Board of Health prior to any changes in the establishment such as:**

1. Adding/removing equipment
2. Adding seats
3. Significant menu changes

You are advised to contact all town departments to determine additional permitting or licensing requirement (Building Inspector, Board of Selectmen, Planning Board, Fire Department, etc.)

Mobile food establishments / Residential Kitchens/ Temporary Food vendors are limited to serving menu items that have been approved by the Nashoba Board of Health.

The approved use of the proposed facility will be based on the approved capacity of the on-site sewage disposal system, if the site is served by an onsite sewage disposal system.

Permits expire on October 31st, unless otherwise specified.

***** If a refund is required by this office there will be a 15% service charge**

I hereby acknowledge that I am aware of and will obey by all regulations including Title V (if applicable), The Federal Food Code and the Minimum Sanitation Standards for Food Establishments State Sanitary Code 105 CMR 590.000 595.000.

I will not make any changes to the establishment without notifying the appropriate departments.

Pursuant to MGL ch62 c, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all tax returns and paid state taxes under law.

Signature _____ Date _____

****Payment is due with the application. Please make checks payable to NABH.**