Food Service Permit Application

Name of Business___________________________________________________________

Business address__________________________________ Town/Zip____________________

Phone number________________ Email_______________________

Name of Applicant____________________________________

Address of Applicant____________________________________________

Applicant phone number __________________________ Email__________________________

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

Emergency response contact______________________________________________

Type of Food Operation

Retail (pre-packaged foods only) Less than 5 employees $125.00 > 5 employees $150.00

Food Service (based on the number of seats) >25 seats $175.00 26-50 seats $200.00
51-150 seats $250.00 151-300 seats $400.00 over 300 seats $500.00

Supermarket with Food Service $350.00

Plan Review -Food Service Operation $200.00

Plan Review Mobile Food $150.00

Caterer - $85.00

Mobile Food - $130.00 (see mobile food guidelines)

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

Farmers Market- $25.00  Town_______________________________

Frozen Dessert Manufacturer $25.00 Pepperell $50.00

Type of Food Establishment (list all that apply)
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 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:**

<table>
<thead>
<tr>
<th>1. Materials used in floors</th>
<th>2. Materials used on walls</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Materials used on ceilings</td>
<td>4. Number of toilet rooms</td>
</tr>
<tr>
<td>5. Type of dishwasher (high or low temp)</td>
<td>6. Number of grease traps</td>
</tr>
<tr>
<td>7. Public water supply number (if applicable)</td>
<td>8. Disposal of garbage or rubbish</td>
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<tr>
<td>9. Number of refrigerators</td>
<td>Number of Freezers</td>
</tr>
<tr>
<td>10. Number of hand sinks</td>
<td>Number of 3 basin sinks</td>
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</tbody>
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***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 are from October 31st – October 30th 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.**

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