



**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):

- ☐ Limited Retail Food \$85.00  
☐ Small - less than 5 employees \$155.00 ☐ Large - more than 5 employees \$190.00  
☐ Supermarket \$385.00

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

- ☐ < 25 seats \$220.00 ☐ 25-50 seats \$275.00 ☐ 51-150 seats \$330.00  
☐ 151-300 seats \$440 ☐ over 300 seats \$550.00  
☐ Plan Review (non-refundable) – Food Service Operation \$300.00

☐ Mobile Food (NEW) & Plan Review \$400.00 (see **Mobile Food Licensing Requirements**)

NOTE: Plan Review Fee is non-refundable (\$200). Permit Fee refundable less 15%.

☐ Mobile Food (RENEWAL) \$200.00

☐ Caterer \$105.00

☐ Residential Kitchen or Bed and Breakfast - \$110.00 (see residential kitchen guidelines)

☐ Farmers Market/Farm Stand \$50.00 Town: \_\_\_\_\_

07/01/2025

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 31<sup>st</sup>, 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. 2013 Federal Food Code: [https://irp.cdn-website.com/07afaeb5/files/uploaded/2013-Food-Code-\(PDF\).pdf](https://irp.cdn-website.com/07afaeb5/files/uploaded/2013-Food-Code-(PDF).pdf)**

**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.**