

**TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET, DOUGLAS, MA 01516**

508-476-4000 EXT. 352

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508-476-1619 TTY

508-476-0023 FAX

FOOD ESTABLISHMENT PERMIT APPLICATION - 2015

(New establishments must submit this application with a floor plan at least 30 days prior to opening.)

Establishment Name: _____

Establishment Address: _____

Mailing address (if different): _____

Establishment phone number: _____ **Emergency No.** _____

Applicant Name: _____

Applicant Address: _____ **Telephone No:** _____

Owner Name (if different from applicant): _____

Owner Address: _____

Establishment Owned by:

- An Association
- A Corporation
- An Individual
- A Partnership

If corporation or partnership, list name, title and address of officers and partner(s).

Name, Address, Telephone number and Emergency Telephone number of person directly responsible for daily operation (Manager, Owner, Person in Charge)

List Regional Supervisor, if applicable.

Water and Sewer Source:

- Municipal Water
- Municipal Sewer
- On site septic
- Private Water source

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Days and Hours of Operation:

Number of Food Employees: _____

Name of Person(s) who hold the Servsafe and Allergen Certifications (enclose copy of each Certificate):*

Person Trained in Anti-Choking procedures (if 25 seats or more): _____

Establishment is a Permanent Structure _____ **Mobile Unit** _____.

Establishment Type (circle all that apply):

Retail

Food Service

Food Service – takeout

Food Service – institutional

Frozen Dessert Manufacturer

Caterer

Food delivery

Residential Kitchen

Food Pantry

Is this Food Establishment open on an

Annual Basis _____ **or**

Seasonal _____ **(include dates)**

Disposal of waste material from any business establishment will not be allowed at the Town of Douglas Transfer Station. Please indicate your trash haulers:

Name: _____

Contract Number: _____

*** Please enclose copies of new employees who may have recently become certified or renewal certifications.**

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Check all that apply:

**Definitions: PHF – potentially hazardous food (time/temp. controls required)
Non-PHF's – Non-potentially hazardous food (no time/time controls)
RTE – ready-to-eat foods (sandwiches, salads, muffins, etc.**

- Sale of commercially pre-packaged non-PHF's**
- Sale of commercially pre-packaged PHF's**
- Delivery of packaged PHF's**
- Reheating of commercially processed foods for service within 4 hours**
- Customer self-service of non-PHF and non-perishable foods only.**
- Preparation of non-PHF's**
- PHF cooked to order**
- Preparation of PHF's for hot and cold holding for single meal service**
- Sale of raw animal foods intended to be prepared by consumer**
- Customer self-service**
- Ice manufactured and packaged for retail service**
- Juice manufactured and packaged for retail service**
- Offers RTE PHF in bulk quantities**
- Retail sale of salvage, out of date or reconditioned food**
- Hot PHF cooked and cooled or hot held for more than a single meal service**
- PHF and RTE foods prepared for highly susceptible population facility**
- Vacuum packaging/cook chill**
- Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative)**
- Offers raw or undercooked food of animal origin**
- Prepares food/single meals for catered events or institutional food service**

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 have been instructed by the Board of Health on how to obtain copies of the Food Code.

Signature of Applicant: _____ Date: _____

Pursuant to MGL C. 62,s 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Social Security number of Federal ID: _____

Signature of Individual or Corporate Name: _____

Board of Health fee: \$ 125.00

Please make your check payable to “The Town of Douglas” and return to the Board of Health by December 4, 2014.

Thank you.