



Town of Middleton
Board of Health
 195 North Main Street
 Middleton, Massachusetts 01949
 978-777-1869
 FAX 978-774-0718
 www.townofmiddleton.org



Derek Fullerton, RS, CHO
 Public Health Director

Permit # Issued): _____

Food Establishment Permit Application
 (Application must be filled out completely)

1) Establishment Name:

2) Establishment Address:

3) Name of contact person and address where permit re-newel application is to be mailed:

4) Establishment Tel #: _____ Establishment Fax #: _____

5) Applicant Name & Title:

6) Applicant Home Address:

7) Applicant Home Tel #: _____ Applicant 24 hr Emergency Tel #: _____

8) Owner Name & Title (if different from applicant):

9) Owner Business Address (if different from applicant):

10) Owner Business Tel # (if different from applicant):

11) Owner Home Address (if different from applicant):

12) Owner Home Tel # (if different from applicant): _____ Owner 24 hr Emergency Tel #: _____

13) If corporation or partnership, give title, name & address of officers or partners:

<u>Name</u>	<u>Title</u>	<u>Home Address(#.Street,City,State,Zip)</u>	<u>Home Tel #</u>	<u>24 hr Emergency Tel #</u>
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14) Person(s) directly responsible for daily operations:

Name & Title: _____

Home Address: _____

Home Tel #: _____ 24 hr. Emergency Tel #: _____ Fax #: _____

15) District or Regional Manager OR 1st Alternate Contact Person:

Name & Title: _____

Home Address: _____

Home Tel #: _____ 24 hr. Emergency Tel #: _____ Fax #: _____

16) Days and hours of operation:

17) Number of seats: _____ **18) Number of square feet of establishment:** _____

19) Number of Food Employees: _____

20) Names of persons in charge Certified Food Protection Managers (Food Safety Certified) attach copies of all certificates: _____

21) Names of persons trained in choke saver procedures, there must be one person trained on duty at all times the establishment is open, attach copies of all certificates (applicable to establishments with 25 seats or more):

22) Water Source: (Town, Well): _____ **DEP Public Water Supply No (if applicable):** _____

23) Sewage Disposal: (Sewer, Septic): _____ **Grease Trap(s):** _____



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24) Establishment Type (check all that apply):

- Retail (packaged foods only): Retail Other: Food Service: Food Service-Take out only
 Food Service-Institution Caterer: Temporary Caterer(per function): Mobile Food:
 Residential Kitchen for Bed & Breakfast: Residential Kitchen for Retail Sale (Non-PHF's):
 Residential Kitchen for Consumer Sale (Non-PHF's): Function Hall: Non Profit:
 Frozen Dessert Manufacturer (a separate permit is required): Milk Processing:
 Seasonal (Farmer's Market, etc) Temporary Food Event: Other (describe): _____

Food Operations:

Definitions: PHF-Potentially Hazardous Food (time/temperature controls required)
 Non-PHF's-Non-potentially hazardous foods (non time/temperature controls required)
 RTE-Ready to Eat foods (i.e. sandwiches, salads, muffins, which need no further processing)

Check all that apply:

- Sale of commercially Pre-Packaged Non-PHF's: Sale of Commercially Pre-Packaged PHFs:
 Delivery of Package PHFs: Reheating of Commercially Processed Foods for service within 4 hrs:
 Customer Self-Service of Non PHF & Non-Perishable Foods Only: Preparation of Non PHFs:
 PHF Cooked to Order: Preparation of PHFs for Hot & 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 Sale: Offer 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:
 Vacuum Packaging/Cook Chill: Use of process requiring a variance and/or HACCP Plan (including bare
 hand contact alternative, time as a public health control: Offer Raw or undercooked food of animal origin:
 Prepares Food/Single Meals for catered events or institutional food service:



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***If application is past the due date a \$50.00 late fee will be added to the total permit fee.**

***If application is not completely filled out it will be returned and a \$25.00 processing fee will be added to the total permit fee.**

***All applications will be mailed to the address listed on this application, if this information changes you must notify us.**

The Health Department is not responsible for lost or missing permit renewal applications, the late fees will apply with no exceptions.

Pursuant to MGL Ch. 62C sec. 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.

Federal ID: _____ OR Social Security Number: _____

Signature of Individual or Corporate Name: _____

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.

(The Board of Health can inform you on how to obtain copies of 105 CMR 590.000 and the Federal Food Code)

For Board of Health use only:

Date received: _____ Current Permit Expires: _____ Current Risk Level: _____

HACCP Plan Required: _____ Permit Fee: _____ Late Fee: _____

Re-processing Fee: _____ Total Fees to be collected:

BOH Comments: _____

