



HAMILTON BOARD OF HEALTH

299 Bay Road
South Hamilton, MA 01982

Tel: 978-626-5245

FOOD SERVICE/FOOD ESTABLISHMENT PERMIT APPLICATION

Application must be submitted at least 30 days before the planned opening date

License/Permit expires annually on December 31st

Please check all that apply:

- A: FOOD SERVICE and CATERING combined
- B: FOOD SERVICE RETAIL (not pre-packaged) CATERING Only MANUFACTURER of FROZEN DESSERT
- C: RETAIL (pre-packaged, including PHF) BED & BREAKFAST
- D: RETAIL (pre-packaged, non-PHF only) RESIDENTIAL KITCHEN for Retail Sale FUNCTION HALL
- E: SEASONAL FOOD SERVICE SEASONAL MOBILE

Please enclose fee payable to: Town of Hamilton

- FEE: A: \$300 Food Service and Catering combined
- B: \$275 for Food Service or Retail Food (not pre-packaged) or Catering Only or Manufacturer of Frozen Dessert
- C: \$150 for Retail Food (pre-packaged food only, including PHF) or Bed and Breakfast
- D: \$100 for Retail Food (pre-packaged, non-PHF only) or Residential Kitchen for Retail Sale or Function Hall
- E: \$100 for Seasonal Food Service or Seasonal Mobile

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No: _____ Email: _____

Contact Person: _____ 24 Hour Emergency Phone No: _____

Establishment Owned By:

Association _____ Corporation _____ Individual _____ Partnership _____ Other Legal Entity _____

Owner Name: _____ Title: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

Person Directly Responsible for Daily Operations:

Name: _____ Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

PLEASE CIRCLE: Drinking water: Town or Private Well Wastewater: Sewer or Private Septic

Length of Permit: Annual or Seasonal: Dates: _____ Location: Permanent Structure or Mobile

Days & Hours of Operation: _____ Number of Employees: _____

Name of Person in Charge Certified in Food Protection Management (if applicable). **Please attach copy of certificate**

Name: _____ Date of Exam: ____/____/____ Certification No: _____

Name of Person trained in Anti-Choking Procedures (if 25 seats or more): _____

Establishment Type (check all that apply):

- Retail - (_____ Sq. Ft.)
- Food Service - (_____ Seats)
- Food Service - Takeout
- Food Service - Institution (_____ Meals/Day)
- Caterer
- Food Delivery
- Residential Kitchen for Retail Sale
- Bed & Breakfast Home (1-3 rooms)
- Bed & Breakfast Establishment (4-9 rooms)
- Frozen Dessert Manufacturer
- Function Hall
- Other (Describe): _____

Food Operations (check all that apply): List menu items that correspond to checked categories.

Definitions: PHF - potentially hazardous foods (time/temperature controls required)
 Non-PHF's - non-potentially hazardous foods (no time/temperature controls required)
 RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

List Menu Items that Correspond

- 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 & Packaged for Retail Sale
- Juice Manufactured & Packaged for Retail Sale
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvaged 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 a Highly Susceptible Population or Facility
- 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)
- Offers Raw or Undercooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other (Describe): _____

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 laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____ Date: _____

Individual or Corporate Name: _____ SS No. or Fed ID: _____

Workers Compensation Insurance Affidavit must be included with Application.

BOARD OF HEALTH USE ONLY

✓Workers Compensation Insurance Affidavit Received _____

 Received Date _____ Date Inspected _____ Approved By _____ Permit No. _____