

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

508-476-4000 EXT. 252
kharris@douglasma.org

508-476-1619 TTY
508-476-0023 FAX

Fee: \$175.00

FOOD ESTABLISHMENT PERMIT APPLICATION - 2021

(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: _____ **Email:** _____

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

DAYS AND HOURS OF OPERATION

Monday: _____ to _____ Friday: _____ to _____
Tuesday: _____ to _____ Saturday: _____ to _____
Wednesday: _____ to _____ Sunday: _____ to _____
Thursday: _____ to _____

Number of Food Employees: _____

CERTIFICATIONS

YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED BELOW

ServSafe Certification Holder(s): _____

Allergen Awareness Training Certification Holder(s): _____

Anti-Choking Certification(s) (Establishments with over 25 seats): _____

Establishment is a Permanent Structure _____ Mobile Unit _____.
Mobile Food Units must include a copy of the food permit from their Base of Operations.

Establishment Type (circle all that apply):

- | | |
|------------------------------|---------------------|
| Retail | Caterer |
| Food Service | Food delivery |
| Food Service – takeout | Residential Kitchen |
| Food Service – institutional | Food Pantry |
| Frozen Dessert Manufacturer | |

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 hauler:

Name: _____

Contract Number: _____

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

There will be a \$65.00 fee for a violation re-inspection

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: _____

Signature of Applicant: _____

Print: _____ **Date:** _____

Copies of 105 CMR 590.000 and the Federal Food Code can be obtained at the State House Book Store, Boston, MA (Telephone: 617-727-2834) Website: <http://www.sec.state.ma.us/spr/sprcat/catidx.htm>

Incomplete applications will be returned, resulting in delay of receipt of permit.

Applications are not transferable for any reason

EXPIRATION DATE: December 31st of each year

Please make your check payable to: TOWN OF DOUGLAS

**Mail to:
Board of Health
29 Depot Street
Douglas, MA 01516**