

**APPLICATION FOR FOOD PERMIT**  
**2008**

FEE: \_\_\_\_\_ (to Town of Bellingham)

Date \_\_\_\_\_ 2008

\*FEE is determined by risk category-see attached

DATE: \_\_\_\_\_

**PERMIT IS NON-TRANSFERABLE**

**RENEWABLE BEFORE JANUARY 1, 2008**

**THE PERMIT EXPIRES ON DECEMBER 31, 2008**

In accordance with Regulations promulgated under authority of Chapter 94, Section 40, 41, and 94, Section 305A Chapter III, Section 5 of the General Laws of the Commonwealth of Massachusetts application for Permit is hereby made by:

TYPE OF APPLICATION: (PLEASE CHECK ONE)

RETAIL FOOD \_\_\_\_\_ FOOD ESTABLISHMENT \_\_\_\_\_ RESIDENTIAL KITCHEN \_\_\_\_\_

Mobile Food \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL # \_\_\_\_\_

FAX# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

MANAGER – DAYS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL# \_\_\_\_\_

MANAGER – NIGHTS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL# \_\_\_\_\_

List names and officers if corporation and partners and manager if partnership.

Sole Proprietor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**OR**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

Partner(s): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**APPLICATION FOR RETAIL FOOD / FOOD ESTABLISHMENT OR KITCHEN**

Pursuant to Massachusetts General Law Chapter 94, Section 3050, each food service establishment shall:

(1) Have on its premises while food is being served and employee trained in manual procedures approved by the Department to remove food lodged in a person's throat, and (2) Make adequate provision for insurance to cover employees trained in rendering such assistance and full compliance with Board of Health Regulations.

Name of person(s) trained per shift:

(1) \_\_\_\_\_ Hours: \_\_\_\_\_

(2) \_\_\_\_\_ Hours: \_\_\_\_\_

(3) \_\_\_\_\_ Hours: \_\_\_\_\_

**Food Manager Certification Requirement**

Effective October 1, 2001, the MA Food Establishment Regulation, 105 CMR 590.003(A)(2) requires food establishments to have at least one person in charge (PIC) who is a certified food protection manager. This person must be at least eighteen years of age and be a full-time equivalent on-site manager or supervisor. When the certified PIC is unavailable during operating hours, an alternate PIC must be assigned. The alternate PIC does not require certification: however, this person must be knowledgeable in food safety, food borne illness prevention and corrective actions.

Name of certified Food Protection Manager \_\_\_\_\_  
Certifying Agency \_\_\_\_\_

Person preparing application

Number of seats at this food service establishment: \_\_\_\_\_

Notice to applicants selling tobacco products: It is unlawful for a retailer to sell cigarettes or other tobacco products unless retailer holds and maintains a valid permit form the Board of Health for each location in which tobacco products are sold.

UNDER THE LAWS OF THE COMMONWEALTH OF MASSACHUSETTS, CHAPTER 233, SECTION 35. Acts pf 1983, you are required to complete the following:

Pursuant to M.G.L. Chapter 32C, Section 49A, I Certify under the penalties of perjury, that I, to my best knowledge and belief have filed all state tax returns and paid all states taxes required under law.

\_\_\_\_\_  
**Business's Federal Identification Number**

\_\_\_\_\_  
**Signature of Owner**

**One Signature Required**

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Corporate Officer**

Social Security Number \_\_\_\_\_