



**Board of Health
Town of Southwick**

454 College Highway, Southwick, MA 01077

Phone (413) 569-1212

Fax (413) 569-5284

FOR BOARD OF HEALTH USE ONLY

Date Received _____

Date Inspected _____

Approved By _____

Permit # Issued _____

Food Establishment Permit Application

1) Establishment Name: _____

2) Establishment Address: _____

3) Establishment Mailing Address (if different): _____

4) Establishment Telephone No: _____

5) Applicant Name & Title: _____

6) Applicant Address: _____

7) Applicant Telephone No: _____ 24 Hour Emergency No: _____

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

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

10) Establishment Owned By:

11) If a corporation or partnership, give name, title, and home address of officers or partner.

- | <input type="checkbox"/> An association | <u>Name</u> | <u>Title</u> | <u>Home Address</u> |
|---|-------------|--------------|---------------------|
| <input type="checkbox"/> A corporation | _____ | _____ | _____ |
| <input type="checkbox"/> An individual | _____ | _____ | _____ |
| <input type="checkbox"/> A partnership | _____ | _____ | _____ |
| <input type="checkbox"/> Other legal entity _____ | _____ | _____ | _____ |

12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)
Name & Title: _____

Address: _____

Telephone No: _____ Fax: _____

Emergency Telephone No: _____

13) District Or Regional Supervisor (if applicable)

Name & Title: _____

Address: _____

Telephone No: _____ Fax: _____

Food Establishment Information

14) Water Source: _____ 15) Sewage disposal: _____

DEP Public Water Supply No: (if applicable)

16) Days and Hours of Operation: _____ 17) No. of Food Employees: _____

18) Name of Person In Charge Certified in Food Protection Management: _____

Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No

20) Location: (check one)	22) Establishment Type (check all that apply)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Permanent Structure	<input type="checkbox"/> Retail (_____ Sq. Ft.)	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Mobile	<input type="checkbox"/> Food Service - (_____ Seats)	<input type="checkbox"/> Residential Kitchen for Retail Sale
	<input type="checkbox"/> Food Service - (Takeout)	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home
	<input type="checkbox"/> Food Service - Institution	<input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments
	(_____ Meals/Day)	<input type="checkbox"/> Frozen Dessert Manufacturer

21) Length of Permit: _____ Other (Describe) _____
(check one)

Annual

Seasonal/Dates: _____

Temporary/Dates/Time: _____

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

23) Food Operations:
(check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's | <input type="checkbox"/> PHF Cooked To Order | <input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service. |
| <input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's | <input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service. | <input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility |
| <input type="checkbox"/> Delivery of Packaged PHF's | <input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared b Consumer. | <input type="checkbox"/> Vacuum Packaging/Cook Chill |
| <input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours. | <input type="checkbox"/> Customer Self-Service | <input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control) |
| <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only. | <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale | <input type="checkbox"/> Officers Raw Or Undercooked Food Of Animal Origin. |
| <input type="checkbox"/> Preparation Of Non-PHF's | <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale | <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service |
| | <input type="checkbox"/> Offers RTE PHF in Bulk Quantities | |
| Other (Describe): _____ | <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food | Total Permit Fee: _____ |

Payment is due with application

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 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that 1, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____