

Town of Plainville

P. O. Box 1717 – Plainville MA 02762

Food Establishment Permit Application

Permit # _____
Received _____
Total Fee _____
Paid (ck or cash) _____
License granted _____
FOR OFFICE USE ONLY

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto in said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.

Date of 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:

- An Association
- A Corporation
- An Individual
- A Partnership
- Other legal entity _____

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

Name Title Home Address

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: <input type="checkbox"/> Public (Town) <input type="checkbox"/> Well <small>DEP Public Water Supply No: (if applicable)</small>	16) Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (On-site septic) Name of pumper _____ Exterior Grease Trap: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of pumper: _____	
15) Pest Control: Frequency: _____ Name: _____		
17) Days and Hours of Operation: _____	18) Number of Food Employees: _____	
19) Name of Person in Charge Certified in Food Protection Management: <i>Attach copy of certificate</i>		
20) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>Attach Copies of certificate</i>)		
21) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	23) Establishment Type (<i>check all that apply</i>) <input type="checkbox"/> Retail ONLY (_____ sq.ft.) \$150.00 <input type="checkbox"/> Food Service - \$300.00 <input type="checkbox"/> Permanent - (Number of Seats _____) <input type="checkbox"/> Take out <input type="checkbox"/> Institution - (Number of Meals/Day _____) <input type="checkbox"/> Frozen Desert <input type="checkbox"/> Slush Machine <input type="checkbox"/> Bakery <input type="checkbox"/> Milk <input type="checkbox"/> Food Delivery/Mobile Vehicles No of Vehicles _____ \$ 50.00 per vehicle <input type="checkbox"/> Caterer \$ 50.00 <input type="checkbox"/> Residential Kitchen for Retail Sale, Bed & Breakfast \$300.00 <input type="checkbox"/> Food Manufacturing \$250.00 <input type="checkbox"/> Other _____ <div style="text-align: right;">TOTAL PERMIT FEES \$ _____</div>	
22) Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (list dates) _____ <input type="checkbox"/> Temporary (lists dates/time): _____		
24) Food Operations: <i>Check all that apply</i>	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)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non- PHFs	<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 PHFs	<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 PHFs	<input type="checkbox"/> Sale of Raw animal Foods intended to be prepared by 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"/> Offers 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"/> Other (Describe): _____	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail sale of salvage, out-of date or reconditioned food
<i>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 590.00 and the Federal Food Code.</i>		
25) Signature of Applicant: _____		
<i>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.</i>		
26) Social Security Number or Federal ID: _____		
27) Signature of Individual or Corporate Name: _____		