

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 Statues relating thereto in said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.

Date of Application: _____ **E:MAIL ADDRESS (for recalls)** _____

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

<p>14) Water Source: <input type="checkbox"/> Public (Town) <input type="checkbox"/> Well DEP Public Water Supply No: (if applicable) _____</p> <p>15) Pest Control: Frequency: _____ Name: _____</p>	<p>16) Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (On-site septic) Name of pumper _____</p> <p>Exterior Grease Trap: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of pumper: _____</p> <p>Rubbish Disposal firm: _____</p>		
<p>17) Days and Hours of Operation: _____</p> <p>18) Number of Food Employees: _____</p>			
<p>19) Name of Person in Charge Certified in Food Protection Management: <i>Attach copy of certificate</i></p>			
<p>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></p>			
<p>21) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile</p> <p>22) Length of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (list dates) _____</p> <p><input type="checkbox"/> Temporary (lists dates/time): _____</p>	<p>23) Establishment Type <i>(check all that apply)</i></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> <input type="checkbox"/> Retail ONLY (_____ sq.ft.) <input type="checkbox"/> Food Service - <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, # of Vehicles _____ <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Cottage Food Operation/Residential Kitchen for Retail Sale <input type="checkbox"/> Food Manufacturing <input type="checkbox"/> Other _____ </td> <td style="width: 30%; vertical-align: top; text-align: right;"> \$150.00 \$300.00 \$ 50.00 per vehicle \$ 50.00 \$250.00 \$150.00 \$250.00 </td> </tr> </table> <p style="text-align: right;">TOTAL PERMIT FEES \$ _____</p>	<input type="checkbox"/> Retail ONLY (_____ sq.ft.) <input type="checkbox"/> Food Service - <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, # of Vehicles _____ <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Cottage Food Operation/Residential Kitchen for Retail Sale <input type="checkbox"/> Food Manufacturing <input type="checkbox"/> Other _____	\$150.00 \$300.00 \$ 50.00 per vehicle \$ 50.00 \$250.00 \$150.00 \$250.00
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<p>24) Food Operations: Check all that</p>	<p>Definitions: TCS – formerly known as “potentially hazardous food” (time/temperature controls required) Non-TCS’s – non-potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (EX. Sandwiches, salads, muffins which need no further processing)</p>		
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non- TCSs	<input type="checkbox"/> TCS Cooked to Order	<input type="checkbox"/> Hot TCS cooked and cooled or hot held for more than a single meal service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCSs	<input type="checkbox"/> Preparation of TCSF's for Hot and Cold Holding for single meal service.	<input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility	
<input type="checkbox"/> Delivery of Packaged TCSs	<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-TCS 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-TCS'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 TCS in Bulk Quantities	<input type="checkbox"/> Retail sale of salvage, out-of date or reconditioned food	
<p><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></p>			
<p>25) Signature of Applicant: _____</p>			
<p><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></p>			
<p>26) Social Security Number or Federal ID: _____</p>			
<p>27) Signature of Individual or Corporate Name: _____</p>			