



Chelmsford Board of Health
 50 Billerica Road
 Chelmsford, MA 01824
 Tel: 978-250-5241 / Fax: 978-250-5244
www.townofchelmsford.us

For Office Use Only
Date: _____
Authorization: _____
Permit Number: _____
Fee: \$ _____

FEE: Depends on type of food establishment – Refer to Current BOH Permit Fee Schedule

<p>FOOD ESTABLISHMENT PERMIT APPLICATION <i>(If new establishment, application must be submitted at least 30 days before the planned opening date)</i></p>
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DATE: _____

1. Establishment Name: _____
2. Establishment Address: _____
3. Establishment Mailing Address (if different) _____
4. Establishment Telephone #: _____
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): _____

<p>10. Establishment Owned By:</p> <p><input type="checkbox"/> An Association; <input type="checkbox"/> A Corporation; <input type="checkbox"/> An individual</p> <p><input type="checkbox"/> A partnership; <input type="checkbox"/> other legal entity _____</p>

<p>11. If a corporation or partnership, give name, title, and home address of the officers or partner:</p> <table> <tr> <td><u>Name</u></td> <td><u>Title</u></td> <td><u>Home Address</u></td> </tr> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>
<u>Name</u>	<u>Title</u>	<u>Home Address</u>	

12. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)

Name & Title: _____

Address: _____

Telephone No.: _____ Fax No.: _____ E-mail: _____

Emergency Telephone No.: _____

Email Address: _____

13. District or Regional Supervisor (if applicable)

Name & Title: _____

Address: _____

Telephone No.: _____ Fax No.: _____ E-mail: _____

<p>14. Water Source:</p> <p>DEP Public Water Supply No.: (if applicable)</p>
<p>16. Days and Hours of Operation:</p>

<p>15. Sewage Disposal:</p>
<p>17. No. of Food Employees</p>

18. Name of Person in Charge – Certified in Food Protection Management and Allergen Awareness (please attach a copy of each certificate):

**19. Person Trained in Anti-Choking Procedures (if 25 seats or more: Yes No)
(please attach a copy of certificate):**

20. Location: (check one)

- Permanent Structure
- Mobile

21. Length of Permit: (check one)

- Annual
- Seasonal/Dates: _____
- Temporary/Dates/Time: _____

22. Establishment Type (check all that apply):

- Retail (_____square feet)
- Food Service – (_____seats)
- Food Service – Takeout
- Food Service – Institution (_____Meals per day)
- Bakery
- Caterer
- Dumpster
- Food Delivery
- Frozen Dessert Manufacturer (soft serve only) (must also complete application for Frozen Desserts)
- Frozen Dessert Manufacturer (must also complete application for Frozen Desserts)
- Milk and Cream
- Residential Kitchen for Bed and Breakfast Home
- Residential Kitchen for Bed and Breakfast Establishments
- Tobacco Sales
- Other (describe)

23. Food Operations (check all that apply) – DEFINITIONS:

- **TCS – Time/Temperature Control for Safety Food**
- **Non-TCS – No Time/Temperature Control required);**
- **RTE – ready-to-eat foods (Ex.-sandwiches, salads, muffins, which need no further processing**
- Sale of Commercially Pre-Packaged Non-TCS food
- TCS Cooked to Order
- Hot TCS Cooked and Cooled or Hot Held for More than a Single Meal Service
- Sale of Commercially Pre-Packaged TCS
- Preparation of TCS for Hot and Cold Holding for Single Meal Service
- TCS and RTE Foods Prepared for Highly Susceptible Population Facility
- Delivery of Packaged TCS
- Sale of Raw Animal Foods Intended to be prepared by Consumer
- Vacuum Packaging/Cook Chill
- Reheating of Commercially Processed Foods for Service within 4 hours
- Customer Self-Service
- Use of Process Requiring a Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Customer Self-Service of Non TCS and Non-Perishable Foods Only
- Ice Manufactured and Packaged for Retail Sale
- Offers Raw or Undercooked Food of Animal Origin
- Preparation of Non-TCS
- Juice Manufactured and Packaged for Retail Sale
- Prepares Food/Single Meals for Catered Events of Institutional Food Service
- Offers RTE TCS in Bulk Quantities
- Retail Sale of Salvage, Out-of-Date or Reconditioned Food
- Other (Describe):

Please include copies of current Serve Safe/Allergen Training/and Choke Saver Certifications for all applicable employees

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 Article X of the State Sanitary Code, and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of t 105 CMR 590.000 and the Federal Food Code.

24. **Signature of Applicant:** _____
Signature

Print Name

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

25. **Signature of Individual or Corporate Name:** _____
Signature

Print Name