

New License

Renewal

BOH USE: Permit

TOWN OF MONSON- BOARD OF HEALTH
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Please type or print neatly. ALL items must be completed.

A CHECK PAYABLE TO "THE TOWN OF MONSON" MUST ACCOMPANY ALL APPLICATIONS.

Signing this application certifies that the applicant and the establishment will operate and abide by the provisions of **105 CMR 590.000 State Sanitary Code Chapter X: Minimum Standards for Food Establishments, the Federal Food Code**, and all applicable local regulations.

Establishment Name		Telephone Number		
Business Address				
Mailing Address				
Owner/responsible Ps.		Telephone Number		
Supervisor		Telephone Number		
Emergency Contact		Telephone Number		
CHECK ALL APPLICABLE PERMIT TYPES(S) AND INCLUDE FEE(S)			ESTABLISHMENT DETAIL	
<i>Permit Type</i>	<i>Regular</i>	<i>Seasonal</i>	Water Source	
Retail Food Small	\$ _____	\$ _____	Sewage Disposal	
Retail Food Medium	\$ _____	\$ _____	Total Seating Capacity	
Retail Food Large	\$ _____	\$ _____	Retail Sq. Footage	
Foodservice Small	\$ _____	\$ _____	TYPE OF FOOD SERVED (CHECK ALL THAT APPLY)	
Foodservice Medium	\$ _____	\$ _____	<input type="checkbox"/> PHF cooked to order	<input type="checkbox"/> Non PHF
Foodservice Large	\$ _____	\$ _____	<input type="checkbox"/> PHF Held Over	<input type="checkbox"/> Pre-packaged PHF
Takeout Food Service	\$ _____	\$ _____	<input type="checkbox"/> Raw animal product	<input type="checkbox"/> RET Foods
Retail Residential Kitchen	\$ _____	\$ _____		
Caterer/Mobile Vendor	\$ _____	\$ _____		
Bakery/Wholesale Foods	\$ _____	\$ _____		
Bed & Breakfast	\$ _____	\$ _____		
Non-Profit Org.	\$ _____ Occasional Use of the Facilities Only			
Temporary	\$ _____ Per Day			
*Seasonal permit- May 1 to October 1, or any time in between.				
Person(s) in Charge (PIC) certified in food protection		Cert Date:	Cert #:	
Number of Employees trained in anti-choking procedures (if 25 seats or more)		# _____		
I certify, under the pains and penalties of perjury, that the information provided on this application is correct. Pursuant to MGL CH. 62, § 49A, I certify, under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.				
Typed or Printed Name of Applicant:		Signature of Applicant:		
Social Security # or Federal Identification #		Date of Application:		

YOU MUST ALSO COMPLETE THE WORKER'S COMPENSATION FORM ATTACHED