

OFFICE OF THE
BOARD OF HEALTH
 MUNICIPAL OFFICE BUILDING
 127 ELM STREET
 MILLBURY, MASSACHUSETTS 01527
 508-865-4721
 FAX: 508-865-0878



RONALD J. MARLBOROUGH
 JAMES M. MORIN
 JOHN DUFRESNE

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

(Application must be submitted at least 30 days before the planned opening date)

FEE SCHEDULE FOR TYPE OF FACILITY (Check All That Apply)

<input type="checkbox"/> \$100.00	Retail Only or 0 Seating	<input type="checkbox"/> *Milk	\$25.00
<input type="checkbox"/> \$200.00	For 1-50 Seating	<input type="checkbox"/> Deli	\$200.00
<input type="checkbox"/> \$350.00	For 51 to 100 Seating	<input type="checkbox"/> Bakery	\$200.00
<input type="checkbox"/> \$400.00	For 101 to 150 Seating	<input type="checkbox"/> Mobile	\$250.00
<input type="checkbox"/> \$500.00	For 151 to 200 Seating	<input type="checkbox"/> Frozen Dessert	\$100.00
<input type="checkbox"/> \$750.00	For 201+ Seating	(See Frozen Dessert Application)	
<input type="checkbox"/> \$500.00	Retail Only \geq 8,000 sq. ft.		
<input type="checkbox"/> \$100.00	Residential Kitchen		
Exact Number of Seats _____		<input type="checkbox"/> Late Fee	\$100.00

If applicable, please list the names of the companies delivering MILK to your establishment:

ESTABLISHMENT INFORMATION

Business Name: _____ Email: _____

Millbury Address: _____ Telephone: _____

_____ Fax: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

EMERGENCY INFORMATION

Person Directly Responsible for Daily Operations: _____

Title: _____ Telephone: _____

Email: _____ *(for notification of food recalls, renewals, and other pertinent information)*

24-HOUR EMERGENCY PHONE NUMBER: _____

OWNER INFORMATION

Owning entity is a (n) Association Corporation Individual Partnership Other Legal Entity

Owner Name: _____ Title: _____

Owner Address: _____ Owner Email: _____

City _____ State _____ Zip Code _____

Owner Telephone: _____ Owner Fax: _____

DATES AND HOURS OF OPERATION

Establishment Operates Year Round Establishment is Seasonal _____ to _____

Monday: _____ to _____ Friday: _____ to _____

Tuesday: _____ to _____ Saturday: _____ to _____

Wednesday: _____ to _____ Sunday: _____ to _____

Thursday: _____ to _____

MAINTENANCE

Potable Water Source: Municipal Water On-Site Well

Sewerage Disposal: Municipal On-Site Sewage Disposal System

Chemical Sanitizer used: _____

Pest Control Company: _____

Rubbish/Solid Waste Disposal Company: _____

Grease Trap Maintenance Pumping Company: _____

CERTIFICATIONS

***YOU MUST ATTACH COPIES OF ALL CERTIFICATIONS LISTED BELOW
IF APPLICABLE***

Name(s) of ServSafe Food Managers: _____

Allergen Awareness Training Certification Holder(s): _____

Anti-Choking Certification(s) (Establishments with over 25 seats): _____

Mobile Food Units must include a copy of the food permit for their Base of Operations.

SIGNATORY SECTION

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 laws.

I, as applicant assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Pursuant to M.G.L. Ch.62C, sec. 49A, I certify under penalty of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Social Security Number OR Federal ID Number: _____

Signature: _____

Print: _____ Date: _____

Copies of 105 CMR 590.000 and the Federal Food Code can be obtained at the State House Book Store, Boston, MA (Telephone: 617-727-2834) Website: <http://www.sec.state.ma.us/spr/sprecat/catidx.htm>

Incomplete applications will be returned, resulting in delay of receipt of permit.
Applications are not transferable for any reason.
EXPIRATION DATE: June 30th of each year

Make Checks Payable To:

TOWN OF MILLBURY

Mail to: Town Of Millbury
Millbury Board of Health
127 Elm Street
Millbury, MA 01527

Date _____ Approved _____ Permit Number _____