



TOWN OF HARWICH

BOARD OF HEALTH

732 Main Street, Harwich, MA 02645

508/430-7509 Fax: 508/430-7531

Email: health@town.harwich.ma.us

FOR BOARD OF HEALTH USE ONLY	
Date Rec'd: _____	Amt. _____
Pymt. Type: _____	<input type="checkbox"/> Allergen Awareness
<input type="checkbox"/> W/C	<input type="checkbox"/> Food Cert Mgr
<input type="checkbox"/> Chokesaver Card(s)	
Reviewed by initials: _____	
<input type="checkbox"/> Ok	<input type="checkbox"/> Hold _____

Food Establishment, Retail Food & Tobacco Permit Application

Renewal _____ New* _____ *New businesses must meet with Health Director & file application at least 30 days prior to opening.

1) Business Name:

2) Business Location:

3) Mailing Address: (if different)

4) Business Telephone No.: _____ Business Fax No. _____

5) Business Email:

6) Owner Name & Title:

7) Owner Telephone No.: _____ 24 Hour Emergency No.: _____

8) Business Owned By: _____ 9) If a corporation or partnership, give name, title, and address of officers or partner:

<input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	<u>Name</u>	<u>Title</u>	<u>Mail Address</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

10) Person Directly Responsible For Daily Operations: (Owner, Person in Charge, Supervisor, Manager, etc.)
Name & Title:

Address:

Telephone No.: _____ Emergency No.: _____ Fax: _____

Email Address:

11) District or Regional Supervisor: (If applicable)
Name & Title:

Address: _____ Telephone No.: _____ Fax: _____

12) Days and Hours of Operation: _____ No. of Food Employees: _____
Length of Permit (check one): Annual Seasonal/Dates: _____

13) List Name of Certified Food Protection Manager And List Name for Allergen Awareness Certification
Attach Copy of Certificates (At least 1 full-time equivalent **PER SHIFT** required)

Certified Food Protection Mgr.

Allergen Awareness Certification

MANDATORY TO RECEIVE FOOD SERVICE PERMIT

14) **List Name(s) of Person(s) Trained in Anti-Choking Procedures And Attach Copy of Card(s):**

(Required if 25 seats or more) - NO permit shall be issued without copies of valid choke-saver certifications

1. _____ 2. _____

TOTAL # OF SEATS IN ESTABLISHMENT: _____

15) **Establishment Type – Fee Schedule:** (check all that apply)

Retail: prepackaged food for off-premises consumption

- <50 sq. feet (non PHF only) \$ 50.00
- <600 sq. feet (not primary business) \$ 75.00
- Less than 5,000 sq. feet \$100.00
- 5,000 to 25,000 sq. feet \$150.00
- Greater than 25,000 sq. feet \$250.00

Food Service:

- Caterer \$100.00
- Corollary Facilities \$100.00
- Frozen Dessert \$ 50.00
- Institution \$ 50.00
- Milk & Cream \$ 10.00
- Mobile Food Truck/Cart \$100.00
- Shucking License \$ 25.00

Food Service: food prepared for individual portion service

- 1 – 30 seats \$100.00
- 31 – 60 seats \$125.00
- 61 – 150 seats \$150.00
- >150 seats \$250.00
- Take out \$ 75.00
- Limited Food Service \$ 50.00

Tobacco:

- Tobacco \$ 50.00

16) **Review of Operations:** (check all that apply)

<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-Potentially Hazardous Foods	<input type="checkbox"/> Sale of Commercially Pre-Packaged Potentially Hazardous Foods	<input type="checkbox"/> Offers Raw or Undercooked Food Of Animal Origin
<input type="checkbox"/> Preparation of Potentially Hazardous Foods	<input type="checkbox"/> Preparation of Non-Potentially Hazardous Foods, as sole business	<input type="checkbox"/> Potentially Hazardous and Ready-To-Eat Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Potentially Hazardous Foods	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Customer Self-Service (Describe – ex. salad bar, coffee service, soups):
<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	_____

If any changes have occurred since our last review, please describe: _____

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.

Pursuant to MGL Ch. 62C § 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 by law.

Signature of Applicant: _____ **Date:** _____

Social Security Number or Federal ID: _____