



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: _____ ☐ Allergen Awareness

☐ W/C ☐ Food Cert Mgr ☐ Chokesaver Card(s)

Reviewed by initials: _____

☐ Ok ☐ Hold _____

Food Establishment & Retail Food 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:

☐ An association

☐ A corporation

☐ An individual

☐ A partnership

☐ Other legal entity _____

Name

Title

Mail Address

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

CONTINUED ON REVERSE SIDE

11/2/21

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 INSIDE ESTABLISHMENT: _____

TOTAL # OF SEATS OUTSIDE ESTABLISHMENT _____

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

Food Service other:

Retail: prepackaged food for off-premises consumption

- | | |
|---|----------|
| <input type="checkbox"/> <50 sq. feet (non PHF only) | \$75.00 |
| <input type="checkbox"/> <600 sq. feet | \$100.00 |
| <input type="checkbox"/> Less than 5,000 sq. feet | \$150.00 |
| <input type="checkbox"/> 5,000 to 25,000 sq. feet | \$200.00 |
| <input type="checkbox"/> Greater than 25,000 sq. feet | \$275.00 |

- | | |
|---|----------|
| <input type="checkbox"/> Caterer | \$100.00 |
| <input type="checkbox"/> Shucking License | \$25.00 |
| <input type="checkbox"/> Frozen Dessert | \$50.00 |
| <input type="checkbox"/> Institution | \$50.00 |
| <input type="checkbox"/> Milk & Cream | \$10.00 |

Food Service: food prepared for individual portion service

- | | |
|--|-----------|
| <input type="checkbox"/> 1 – 30 seats | \$125.00 |
| <input type="checkbox"/> 31 – 60 seats | \$150.00 |
| <input type="checkbox"/> 61-150 seats | \$ 175.00 |
| <input type="checkbox"/> >150 seats | \$ 275.00 |

- | | |
|---|----------|
| <input type="checkbox"/> Take out | \$ 75.00 |
| <input type="checkbox"/> Limited Food Service | \$ 75.00 |
| <input type="checkbox"/> Residential Food Service | \$ 75.00 |

16) Does your establishment have a generator? _____

If yes, what does the generator serve? _____

If no, please attach a copy of your power outage action plan.

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

<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-Time/Temperature Control Foods	<input type="checkbox"/> Sale of Commercially Pre-Packaged Time/Temperature Control Foods	<input type="checkbox"/> Offers Raw or Undercooked Food Of Animal Origin
<input type="checkbox"/> Preparation of Time/Temperature Control Foods	<input type="checkbox"/> Preparation of Non Time/Temperature Control Foods, as sole business	<input type="checkbox"/> Time/Temperature Control and Ready-To-Eat Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Time/Temperature Control 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: _____