



BOARD OF HEALTH

CHARLES E. SHEPARD MUNICIPAL BUILDING

48 High Street • P.O. Box 478 • Warren MA 01083-0609 • Tel. 413- 436-5701 ext:112 • Fax 413- 436-9754

Application for Food Service Permit

Permit Fee: \$120

1. Contact Information:

Name of Establishment: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ Phone Number: _____

2. Owner, Corporation, or Partnership Information:

Name: _____ Title: _____

Address: _____

E-Mail: _____ Phone Number: _____

3. Required Documentation:

- ☐ Copy of Food Manager Certification
- ☐ Copy of Allergen Awareness Certification
- ☐ Anti-choking Certification***
- ☐ Full menu of all items offered
- ☐ Pest Control contract
- ☐ Trash hauler contract

***Permits will NOT be issued for incomplete applications; please ensure you have submitted all necessary documentation.**

****Any renewal application received after expiration date will be subject to a 50% late fee.**

*****A person certified in anti-choking procedures must be provided in food establishments with 25 or more seats and must be on site at all times while food is being served**

Please contact the Board of Health with any questions.



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I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Board of Health, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Date: _____ Fee Paid: \$ _____ Check #: _____ Permit #: _____

Date of Review: _____

Reviewed by: _____