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 Related Permits for Bars
Permit Fee: $80.00

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 to Be Completed by All Applicants:**
   - ☐ Copy of Food Manager Certification
   - ☐ Copy of Allergen Awareness Certification (ONLY Church/Religious Org. may submit written procedures for handling food allergies in lieu of the certification)
   - ☐ Full menu of all items offered
   - ☐ Anti-choking Certification***

*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.

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: _____