



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

Application for a Permit to Operate a Food Establishment

Instructions: Applications must be complete and include all additional documentation and fees. A completed application will be reviewed within 30 days; incomplete applications will not be accepted.

Name of Establishment: _____

Address of Establishment: _____

Person to Contact and Title: _____

Contact telephone and email: _____

Projected opening date for business: _____

105 CMR 590.000 requires the Board of Health to approve or deny this application within 30 days of receiving a completed application. In the event a denial letter is issued, you are entitled to a hearing on this matter. Written request for such a hearing must be received by this office within ten (10) days of notice of written denial, as specified in 105 CMR 590.

A copy of the Massachusetts Merged Food Code, 105 CMR 590.000, can be found on www.Mass.gov.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date: _____ Signature: _____

- Please ensure you have checked in with the Town Clerk to apply for a Business Certificate before submitting this application.
- Also, please contact the Building Department and Fire Department to apply for any permits or inspections you may need.

Overview of the Health Department Process:

- Submit complete application
- Submit appropriate fees
- Be available to answer any questions the Health Department may have while reviewing the plans
- Schedule a pre-operational inspection once all construction/renovation work is complete



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- Your Food Establishment Permit will be issued when all authorities have signed off and certified that all work has been completed in compliance with all applicable codes and regulations

Include the following with this application:

- 1. Floor plan to scale. Must show all floor mounted and table mounted equipment to show the flow of food within the establishment. Must show all food preparation, storage, and service areas (including function rooms and butler pantries). Must show all handwashing and warewashing sinks. Plan should also include a finishing schedule.
- 2. Manufacturer's Specification Sheets for all equipment (must be commercial grade, ANSI/NSF)
- 3. Food Protection Manager certificate and Allergen Awareness Certificate. These should be held by the same person, and this will be considered the Person in Charge of Food Safety for your establishment. If this person changes, you must notify us within 30 days pursuant to 105 CMR 590.000.
- 4. Choke Saver or CPR certificates (for establishments with more than 25 seats, at least one person trained in manual choke saving techniques is required to be at the establishment during all hours of operation)
- 5. Provide a copy of all printed menus (take-out, catering, banquet, etc.) which must include the consumer advisory and allergen statement
- 6. Copy of signed contract with licensed pest control company showing scope of service
- 7. Copy of signed contract with trash hauler company and frequency of pickups
- 8. Copy of signed contract with a licensed offal hauler to remove grease from the establishment (yellow grease and grease traps)
- 9. For establishments with private well water or private septic, please contact the Health Department before proceeding.
- 10. A Tobacco Sales permit is required if tobacco is to be sold, please contact the Health Department for this application.

Name of establishment: _____

Business entity name (if different): _____

Business address: _____

Mailing address (if different): _____

Business telephone: _____

Business/Licensing email: _____



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Person in charge (PIC) of daily operations (This is the person who holds the required certifications listed above and whose name will appear on the Permit): _____

PIC telephone: _____

PIC email: _____

Owner name: _____

Owner telephone: _____

Owner email: _____

If a corporation or partnership: Give title, name, address and telephone of officers or partners:

Number of indoor seats: _____

Number of outdoor seats: _____

Total square feet: _____

Number of food employees: _____

Days of operation (please circle): Monday. Tuesday. Wednesday. Thursday. Friday. Saturday. Sunday.

Hours of operation: _____

Location (permanent structure or mobile): _____

If mobile, name and address of commissary/leased commercial kitchen:

Check all that apply as additional requirements may be needed:

- Catering _____ non-continuous cooking _____ Delivery _____ Sushi/Sushi rice _____ Soft Serve _____
Smoking/Curing _____ Vacuum packaging _____ Fermentation _____ Fresh juice _____ On site Garden _____
Honey/Maple syrup production _____ Ice cream production or packing _____ Raw milk/cheese _____
Canning/bottling _____ Time as a Public Health Control _____ Packaging of ice for retail sale _____
Private well _____ Private sewer _____



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Trash hauler: _____ Telephone: _____

Grease trap hauler: _____ Telephone: _____

Yellow grease hauler: _____ Telephone: _____

Pest Management: _____ Telephone: _____

Food Vendor/Supplier/Purveyor (include name, address, telephone number):

Do you receive foods from any other vendor/supplier/purveyor?

How often are foods delivered to your establishment?

Do you accept key drop deliveries? Please describe

Type and brand of sanitizer used for food contact surfaces: _____

Is dish machine heat sanitizing or chemical sanitizing? _____

Describe any customer self-service areas within the establishment (include buffet)

If using a company to clean and service an ice machine, list name and telephone for company:

If using a laundering company, list name and telephone for company:

Is there a written policy to restrict or exclude food handlers from working in the operation when sick or symptomatic?
(please submit) _____

Is there a written policy for the clean-up of vomit and diarrhea? (please submit)



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Will any menu items be cooled and reheated? (if yes, please list menu items and describe process)

For Board of Health office use only:

Date completed application received: _____

Approved by: _____

Date of approval: _____

Date of pre-operational inspection: _____

Date of Final Inspection: _____