



BOARD OF HEALTH
 100 MAPLE AVENUE
 SHREWSBURY, MA 01545-5338
 Telephone: 508-841-8512
 Fax: 508-841-8414



APPLICATION TO OPERATE A FOOD ESTABLISHMENT

ESTABLISHMENT

Name:	Email:
Address:	
Telephone:	Fax:
Address to send permit to:	

OWNER

Owning entity is a(n):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Individual	<input type="checkbox"/> Other legal entity
Name of owning entity:					
Responsible person:			Title:		
Address:					
Telephone:			Emergency Telephone:		

TYPE OF FACILITY (Please check one)

<input type="checkbox"/> Caterer	<input type="checkbox"/> Food Storage Warehouse	<input type="checkbox"/> Retail Food (over 8,000 sq ft)
<input type="checkbox"/> Churches	<input type="checkbox"/> Mobile Food Server	<input type="checkbox"/> Retail Food (under 8,000 sq ft)
<input type="checkbox"/> Concession Stand	<input type="checkbox"/> Non-profit and clubs	<input type="checkbox"/> Seasonal Food Service
<input type="checkbox"/> Food Service (less than 75 seats)	<input type="checkbox"/> Residential Kitchen	<input type="checkbox"/> Temporary Food (supply menu)
<input type="checkbox"/> Food Service (more than 75 seats)	<input type="checkbox"/> Farmer's Market	

HOURS OF OPERATION or HOURS OF THE EVENT

Monday: ____ to ____	Thursday: ____ to ____	Sunday: ____ to ____
Tuesday: ____ to ____	Friday: ____ to ____	
Wednesday: ____ to ____	Saturday: ____ to ____	

EVENT (example: Spirit of Shrewsbury, St. Mary's Festival, Freedom Song Festival, Farmer's Market, etc.)

Event Name:	Event Location:
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PERSON IN CHARGE (PIC)

Name:	Age:
Food handler training provider (if applicable):	
Date of training / refresher:	
(Include a copy of the Food Protection Manager Certificate (example: ServSafe) AND Allergen Awareness Certificate)	

PERSON CERTIFIED IN ANTI-CHOKING PROCEDURES (for food establishments with seating for 25 or more)

Name:	
Anti-choking training provider:	Date of training:
Name:	
Anti-choking training provider:	Date of training:
Number of food service employees:	

MAINTENANCE

Potable water source:	<input type="checkbox"/> Municipal	<input type="checkbox"/> On-site well (requires DEP approval)	<input type="checkbox"/> Other
Sewerage disposal:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Approved on-site	<input type="checkbox"/> Other
Chemical sanitizer used:			
Rodent / Insect control company:			
Solid waste disposal company:			
Grease trap maintenance / pumping:			

Copies of 105 CMR 590.000 can be obtained at the State House Book Store at the State House, Boston, MA 02133 or contact by telephone at 617-727-2834.

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.000 and the Federal Food Code.

Signature of applicant: _____ Date: _____

Print name: _____

Social Security Number (SSN) or Federal ID Number: _____

