



BOARD OF HEALTH

Town Hall 30 Martin Street, Essex, MA 01929-1219
Telephone (978) 768-7614 email: boh@essexma.org



Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT PERMIT APPLICATION

Application must be submitted at least 30 days before the planned opening date or 30 days before expiration of previous license.

PLEASE CHECK ALL THAT APPLY:

___ \$175-FOOD SERVICE ESTABLISHMENT ≤ 50 Seats ___ \$275-FOOD SERVICE ESTABLISHMENT ≥ 51 Seats
___ \$150-RETAIL ___ \$75-RESIDENTIAL ___ \$100-CATERING (with food service) ___ \$200-CATERING (alone)
___ \$75-MOBILE FOOD / FARMERS MARKET ___ N/C NON-PROFIT (tax ID required) ___ \$125-SEASONAL

Length of permit (check one): ___ ANNUAL ___ SEASONAL: from _____ to _____

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone #: _____ Email Address: _____

Contact Person: _____ 24 Hour Emergency #: _____

Establishment Owned By:

An Association ___ A Corporation ___ An Individual ___ A Partnership ___ Other Legal Entity ___

If a corporation or partnership, give name, title, and home address of officers or partner:

Name: _____ Title: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone #: _____ Fax #: _____ Emergency Telephone #: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone #: _____ Fax #: _____ Emergency Telephone #: _____

PLEASE CIRCLE EITHER YES OR NO: City Water: yes/no Well: yes/no Septic System: yes / no

Days & Hours of Operation: _____ # of Employees: _____

NAME OF PERSON IN CHARGE CERTIFIED IN FOOD PROTECTION MANAGEMENT (Food Service Establishment ONLY)

PLEASE ATTACH A COPY OF THE CERTIFICATE:

Name: _____ Phone #: _____ Certification #: _____

Person trained in Anti-Choking Procedures (if 25 seats or more): YES: _____ NO: _____

Establishment Type (check all that apply):

- Retail (_____ Sq. Ft.)
- Food Service- (_____ Seats)
- Food Service- Takeout
- Food Service-Institution (_____ Meals/Day)
- Caterer
- Food Delivery
- Residential Kitchen for Retail Sale
- Residential Kitchen for Bed & Breakfast Home
- Residential Kitchen for Bed & Breakfast Establishment
- Frozen Dessert Manufacturer

Food Operations (check all that apply):

- Definitions: PHF - potentially hazardous foods (time/temperature controls required)
- Non-PHF's - non-potentially hazardous foods (no time/temperature controls required)
- RTE - ready-to-eat foods (sandwiches, salads, muffins which need no further processing)

- Sale of Commercially Pre-Packaged Non-PHF's
- Sale of Commercially Pre-Packaged PHF's
- Delivery of Packaged PHF's
- Reheating of Commercially Processed Foods for Service Within 4 Hours
- Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- Preparation of Non-PHF's
- PHF Cooked to Order
- Preparation of PHF's for Hot and Cold Holding for Single Meal Service
- Sale of Raw Animal Foods Intended to be prepared by Consumer
- Customer Self-Service
- Ice Manufactured & Packaged for Retail Sale
- Juice Manufactured & Packaged for Retail Sale
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
- PHF and RTE Foods Prepared For a Highly Susceptible Population or Facility
- Vacuum Packaging/Cook Chill
- Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact, alternative time as a public health control)
- Offers Raw or Undercooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other (Describe): _____

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 further certify that my water, sewer and tax bills have been paid to the Town of Essex.

Signature of Applicant: _____ Date: _____

Social Security or Federal ID #: _____ Signature of Individual or Corporate Name: _____

Food Inspector: Bobbi Cody

Office Phone #: 978 768-7614

Email: boh@essexma.org