

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
 NORTH EASTON, MA 02356-0129
 Tel. (508) 230-0620

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Name of Establishment: _____

Location of Operation: _____ Zip Code: _____

Telephone No.: __ (____) _____ Fax: _____

Mailing Address (if different): _____ Zip Code: _____

Name of Applicant: _____ D. O. B. ____/____/____

Telephone No.: (____) _____ Applicant Address: _____

Type of Ownership: Individual Corporation Association Partnership Other

If Corporation, Association or Partnership, name, title & home address of officers or partners must be provided.

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Retail Food <input type="checkbox"/>	_____	Annual <input type="checkbox"/>	_____
Food Service <input type="checkbox"/> # of Seats: _____	_____		_____
Caterer <input type="checkbox"/>	_____	Temporary <input type="checkbox"/>	_____
Mobile Food* <input type="checkbox"/>	_____		_____
Residential <input type="checkbox"/>	_____	Seasonal <input type="checkbox"/>	_____
Farmer's Market <input type="checkbox"/>	_____		_____
Non-Profit Organization <input type="checkbox"/> (Please submit IRS 501 C3 tax exempt status)	_____		_____

TOTAL: _____

PAYMENT IS DUE WITH APPLICATION, PAYABLE TO TOWN OF EASTON**

OVER

Water Source: _____

*All mobile food units that prepare food on site must have hand washing facilities.

Name of Certified Food Manager: _____ Cert. Expires: _____

Please enclose a copy of certificate.

Name of Food Allergen Certificate Holder _____ Cert. Expires: _____

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law. I certify that the information provided here is accurate. I agree to allow access to this establishment and its records as specified in 105 CMR 590.000. I agree to comply with the requirements of 105 CMR 590.000.

Signature of Applicant

Federal Tax Identification Number (FEIN)

FOOD SERVICE: PROVIDE MENU AND UPDATED FLOOR PLAN. ALSO PROVIDE SERV SAFE CERTIFICATE & FOOD ALLERGEN CERTIFICATE, IF ANY CHANGES FROM PREVIOUS YEAR.

TEMPORARY FOOD: PROVIDE LIST OF FOODS SERVED

Days and Hours of Operation: _____

Dates of Operation of Not Annual: _____

OFFICE USE ONLY

COMMENTS

- _____ Payment of Fee
- _____ Workers' Comp. Affidavit
- _____ Workers' Comp. Dec. Pg.
- _____ Menu/List of Foods Served
- _____ Floor Plan
- _____ Serv Safe Cert.
- _____ Food Allergen
- _____ Dumpster Appl.
- _____ Tobacco Appl.

Office Initial - Appl. Complete _____