Health Department

S T O N E H A M

Board of Health - Health Department

35 CENTRAL STREET
STONEHAM, MA 02180

Tel: 781-279-2621
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FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:

2) Establishment Address:

3) Establishment Mailing Address (if different):

4) Establishment Telephone No: **Email:**

5) Applicant Name & Title: **Email:**

6) Applicant Address:

7) Applicant Telephone No: **24 Hour Emergency No:**

8) Owner Name & Title (if different from applicant):

9) Owner Address (if different from applicant): _____

9a) New Establishment_____ Existing_____ Permit Renewal_____ Change of Ownership_____.

10) Establishment Owned By:
An Association_____
A Corporation_____
An Individual_____
A Partnership_____
Other legal entity_____

11) If a corporation or partnership, give name, title, and home addresses of officers and partners.

Name Title Home Address

_____

_____

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

Address:

Telephone No: Fax:

Emergency Telephone No: Email:

Seating Capacity # of Seats

13) Name of Person in Charge Certified in Food Protection Management:
Required as of 101112001in *accordance with 105 CMR 590.003(A)* ***Copy required***.

14) Person Trained in Anti-Choking Procedures (if 25 seats or more): Yes _____ No _____ Expires: _____Copy required____

15) Water Source:
DEP Public Water Supply No: *if applicable*)

16) Sewage disposal:

17) Days and Hours of Operation:

18) No. of Food Employees:

19) Location:

____Permanent Structure
____Mobile

20) Length of Permit
(Check one)
____Annual
____Seasonal/Dates/Time: _____

21) Establishment Type (*check all that apply)*

___Supermarkets	$500.00
___Food Service	
___Annual: 0-50 seats	$100.00
___Annual 51-100 seats	$150.00
___Annual 100+ seats	$200.00
___Annual: Add catering	$ 25.00
___Annual: catering only	$100.00
___ Food Retail	$150.00
___Food Institution	$150.00
___Frozen Dessert Retailer	$40.00
___Ice Cream (not pre-packed)	$20.00
___Churches	$25.00
___Non-profit	$0.00
___Residential Kitchen	$25.00

Please Note: ***Frozen Dessert Retailers are required to have a standard plate count and a standard coli form count made by an approved laboratory and submitted to the Board of Health. This count must be submitted once a month.***

22) If you are a Frozen Dessert Manufacturer: Is the mix you use purchased? ___Yes ___ No
If so, from whom? _____

Is the mix pasteurized or not? _____

23) Food Operations: (*Check all that apply*)

Definitions: **PHF** - potentially hazardous food (time/temperature controls required)
Non-PHFs - non- potentially hazardous food (no time/temperature controls needed)
RTE- ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

___Sale of Commercially Pre-Packaged Non-PHF's	___PHF Cooked To Order	___ Hot PHF Cooked and Cooled or Hot Held for more than a Single Meal Service
___ Sale of Commercially Pre-Packaged PHFs	___Preparation Of PHFs for Hot and Cold Holding for Single Meal Service.	___PHF and RTE foods prepared for highly Susceptible Population Facility
___Delivery of Packaged PHFs	___ Sale of Raw Animal Foods Intended To be prepared by Consumer.	___Vacuum Packaging/Cook Chill
___Reheating of commercially Processed Foods For Service Within 4 Hours.	___ Customer Self-Service	___ Use Of Process Requiring A Variance and/or HACCP Plan (including bare hand contact Alternative, time as a public health control)
___Customer Self-Service of Non-PHF and Non-Perishable Foods Only	___ Ice Manufactured and Packaged for Retail Sale	___ Offers Raw or Undercooked Food of Animal Origin.
___ Preparation of Non-PHFs	___ Juice Manufactured and Packaged For Retail Sale	___ Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):_____	___ Offers RTE PHF in Bulk Quantities Retail Sale of Salvage, Out-of Date Or Reconditioned Food	**Total Permit Fee: _____** **Payment is due with Application, $50.00 late fee applies each business day if application is Received after June 15th.**

1, 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 561.009 and all other applicable law. I have been instructed by the Board Of Health on how to obtain copies of 105 CMR 561.009 and the Federal Food Code.

24) Signature of Applicant: _____ Date: _____
Applicant Email: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that 1, to my best knowledge and belief, Have filed all state tax returns and paid state taxes required under law.

25) Federal ID:_____
26) Signature of Individual or Corporate Name: _____

Revised 01/2023

FOR BOARD OF HEALTH USE ONLY:

PAID CASH/CHECK #_____ IN THE AMOUNT OF_____ON_____, 2024 PERMIT #._____ REC'D BY_____