



**BOARD OF HEALTH**

# Town of Boylston

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## FOOD ESTABLISHMENT APPLICATION

(APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE THE PLANNED OPENING DATE)

**PERMIT FEE (see Fee Schedule) - \$\_\_\_\_\_ (PLEASE INCLUDE WITH APPLICATION)**

1. Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_
2. Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_
3. Applicant Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Telephone Number \_\_\_\_\_
4. Establishment Owned by a/an: ☐ Association ☐ Corporation ☐ Individual  
☐ Partnership ☐ Other Legal Entity \_\_\_\_\_
5. If a Corporation or Partnership, list Name, Title and Home Address of Officers or Partner(s):

| Name  | Title | Home Address |
|-------|-------|--------------|
| _____ | _____ | _____        |
| _____ | _____ | _____        |
| _____ | _____ | _____        |
6. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):  
Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Tel.# \_\_\_\_\_ Fax No. \_\_\_\_\_
7. District or Regional Supervisor (if applicable):  
Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Tel.# \_\_\_\_\_ Fax No. \_\_\_\_\_
8. Water Source: \_\_\_\_\_ DEP Public Water Supply No. (if applicable) \_\_\_\_\_
9. Sewage Disposal: \_\_\_\_\_
10. Days and Hours of Operation: \_\_\_\_\_
11. Number of Food Employees: \_\_\_\_\_

12. Name of Person in Charge Certified in Food Protection Management: (required as of 10/1/2001 in accordance with 105 CMR 590.003(A) \_\_\_\_\_ (please attach copy of Certificate)

13. Person Trained in Anti-Choking Procedures (if 25 seats or more)? ☐ Yes ☐ No

14. Location (check one): ☐ Permanent Structure ☐ Mobile

15. Establishment Type (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Caterer                                    | <input type="checkbox"/> Retail (_____ square feet)                             |
| <input type="checkbox"/> Food Delivery                              | <input type="checkbox"/> Food Service (_____ seats)                             |
| <input type="checkbox"/> Residential Kitchen for Retail Sale        | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home           |
| <input type="checkbox"/> Food Service (Take Out)                    | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishments |
| <input type="checkbox"/> Food Service (Institution _____ Meals/Day) | <input type="checkbox"/> Frozen Dessert Manufacturer                            |
| <input type="checkbox"/> Other (describe): _____                    |   |

16. Length of Permit (check one):

- ☐ Annual
- ☐ Seasonal (dates) \_\_\_\_\_
- ☐ Temporary (dates/times) \_\_\_\_\_

17. Food Operations (check all that apply):

**Definitions: PHF - Potentially Hazardous Food (time/temperature controls required).**

**Non-PHF - Non-Potentially Hazardous Food (no time/temperature controls required).**

**RTE - Ready-to-Eat Foods (ex: sandwiches, salads, muffins, which need no further processing).**

- ☐ Sale of Commercially Pre-Packaged PHFs
- ☐ Sale of Commercially Pre-Packaged Non-PHF
- ☐ PHF Cooked to Order
- ☐ Hot PHF Cooked & Cooled or Hot Held for more than a Single Meal Service
- ☐ Preparation of PHFs for Hot & 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-PHF
- ☐ Juice Manufactured and Packaged for Retail Sale
- ☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
- ☐ Offers RTE PHF in Bulk Quantities
- ☐ Retail Sale of Salvage, Out-of-Date, or Reconditioned Food
- ☐ 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 have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant \_\_\_\_\_

Pursuant to MGL 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 state taxes required under law.

Social Security Number or Federal ID \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

BOH USE:

Date of Inspection: \_\_\_\_\_

By: \_\_\_\_\_