

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED DATE INSPECTED APPROVED BY PERMIT FEE: \$ _____ PERMIT ISSUED
LATE FEE: \$ _____ DATE: _____
TOTAL FEE = \$ _____ ID#:

CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase Street, First Floor New Bedford, MA 02740
For Application Assistance or For Inspectors: (508) 991-6199

FOOD ESTABLISHMENT PERMIT APPLICATION

**Application must be submitted at least 30 days prior to proposed opening or permit expiration date.
Renewal applications received after June 1st will be charged a 20% late filing fee.**

PLEASE **PRINT** CLEARLY

Payment is due with application

Check type of application: New (Initial) Renewal Amended

1) Establishment Trade Name: _____

2) Establishment Address: _____

3) Establishment Mailing Address (if different): _____

4) Establishment Telephone No.: ()

Fax No.: ()

5) Applicant Name: _____

Applicant's Title: _____

6) Applicant Address: _____ TELEPHONE No.: () _____

* Applicant or Business E-mail Address: _____

7) Establishment *Owner's Name:(First) _____ (Last) _____ (MI) _____

*If owned by an Association, Corporation, Partnership or other Legal Entity- Enter Name here: _____

8) Owner's Address (if different from applicant): _____

9) Food Establishment is OWNED by: (Check one)

- Association
- Corporation
- Individual
- Partnership
- Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State:

(Please provide an attachment if necessary)

<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____

11) Establishment is: (Check one)

- Part of Chain
- Independent

(First) (Last) (MI)

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

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax Number: ()

24 Hour Emergency Number: ()

13) District or Regional Supervisor (if applicable):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax Number: ()

24 Hour Emergency Number: ()

14) Style of Establishment: (Check only one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant (Bar Area) |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Gas Mini-Mart | <input type="checkbox"/> Membership Association | <input type="checkbox"/> Restaurant Only |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Pharmacy/Retail Store | <input type="checkbox"/> Other (specify): |

15) Municipal Real Estate Property Information: Plot #: _____ Lot #: _____		
Owner's Name: _____		
Owner's Address: _____		
16) Water Source: DEP Water Supply Number: (if applicable) _____		17) Sewage disposal: _____
18) Days and Hours of Operation: _____		19) No. of Food Employees: _____
20) Name of Person in Charge, Certified in Food Protection Management and Allergen Awareness Trained: <i>(Copy of certificates required- please attach):</i> _____		
21) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <i>(Attach copy of certificate)</i> <input type="checkbox"/> No		
22) Establishment Type: (Check all that apply)		
<input type="checkbox"/> Retail (_____ Sq. Ft.)	<input type="checkbox"/> Residential Kitchen for:	<input type="checkbox"/> Caterer
<input type="checkbox"/> Food Service - (_____ Seats)	<input type="checkbox"/> Retail Sale	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Food Service – Takeout	<input type="checkbox"/> Bed & Breakfast Home	<input type="checkbox"/> Mobile Food
<input type="checkbox"/> Food Service – Institution(____Meals/D ay)	<input type="checkbox"/> Bed & Breakfast Establishment	<input type="checkbox"/> Push Cart
<input type="checkbox"/> Frozen Dessert Manufacturer	<input type="checkbox"/> Other (Describe): _____	
23. Length of Permit: (Check One)		
<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal Dates = From: _____ To: _____		
24) Food Preparation: (Check all that apply)		
Definitions: <u>PHF</u> – potentially hazardous food (time/temperature controls required);		
<u>Non-PHF</u>s – non-potentially hazardous food (no time/temperature controls required);		
RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)		
<input type="checkbox"/> Sale of commercially pre-packaged Non-PHF's	<input type="checkbox"/> Customer self-service	<input type="checkbox"/> Vacuum packaging/cook chill
<input type="checkbox"/> Sale of commercially pre-packaged PHF's	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer	<input type="checkbox"/> Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Delivery of packaged PHF's	<input type="checkbox"/> Ice manufactured and packaged for retail sale	<input type="checkbox"/> Prepared food/single meals for catered events or institutional food service
<input type="checkbox"/> Reheating of commercially processed foods for service within (4) hours	<input type="checkbox"/> Juice manufactured and packaged	<input type="checkbox"/> Other (Describe): _____
<input type="checkbox"/> Customer self-service of Non-PHF and non-perishable foods only	<input type="checkbox"/> Retail sale of salvage, out-of-date or reconditioned food	
<input type="checkbox"/> Preparation of Non-PHF's for retail sale	<input type="checkbox"/> Hot PHF cooked and cooled or hot held for more than a single meal service	<input type="checkbox"/> If applicable, Name of:
<input type="checkbox"/> Offers RTE PHF in bulk quantities	<input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility	Dumpster Co.: _____
<input type="checkbox"/> PHF cooked to order	<input type="checkbox"/> Raw or undercooked food of animal origin	Pick up dates: _____
<input type="checkbox"/> Preparation of PHF's for hot and cold holding for single meal service		Grease Hauler: _____
		Pick up dates: _____
		Pest Control Co.: _____

25) Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:
 If owned by an individual: **Date of Birth (D.O.B.)** _____ **Social Security Number:** _____
 If owned by an association, corporation, partnership, or other legal entity:
 Federal Employer Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the New Bedford Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the Board of Health in accordance with 105 CMR 590.001 (FC8-404-11). Imminent health hazards include but are not limited to: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness outbreak, gross unsanitary occurrences or condition, or suspected food tampering, any other circumstance that may endanger public health. (A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard). As the permit holder, I understand that the person in charge must immediately notify the Board of Health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.003(G).

26) Owner's / Authorized Officer's Signature – Print name, title, sign and date below:
Print Name: _____ **Title:** _____
Signature: _____ **Date:** _____

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the New Bedford Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or Business Agent to prohibit smoking on the premises.