



**Food Establishment Application (continued)**

<b>15) Municipal Real Estate Property Information: Plot #:</b> _____ <b>Lot #:</b> _____		
<b>Owner's Name:</b>		
<b>Owner's Address:</b>		
<b>16) Water Source:</b>	<b>17) Sewage disposal:</b>	
<b>DEP Water Supply Number: (if applicable)</b>		
<b>18) Days and Hours of Operation:</b>	<b>19) No. of Food Employees:</b>	
<b>20) Name of Person in Charge, Certified in Food Protection Management and Allergen Awareness Trained:</b> <i>(Copy of certificates required- please attach):</i>		
<b>21) Person Trained in Anti-Choking Procedures (if 25 seats or more):</b> <input type="checkbox"/> Yes <i>(Attach copy of certificate)</i> <input type="checkbox"/> No		
<b>22) Establishment Type: (Check all that apply)</b>		
<input type="checkbox"/> Retail (_____Sq. Ft.)	<input type="checkbox"/> <b>Residential Kitchen for:</b>	<input type="checkbox"/> <b>Caterer</b>
<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"/> <b>Other (Describe):</b>	
<b>23. Length of Permit: (Check One)</b>		
<input type="checkbox"/> <b>Annual</b>	<input type="checkbox"/> <b>Seasonal Dates = From:</b>	<b>To:</b>
<b>24) Food Preparation: (Check all that apply)</b>		
<b>Definitions: <u>PHF</u> – potentially hazardous food (time/temperature controls required);</b>		
<b><u>Non-PHF</u>s – non-potentially hazardous food (no time/temperature controls required);</b>		
<b><u>RTE</u> – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)</b>		
<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"/> <b>Other (Describe):</b>
<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"/> <b>If applicable, Name of:</b>
<input type="checkbox"/> Offers RTE PHF in bulk quantities	<input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility	<b>Dumpster Co.:</b> _____
<input type="checkbox"/> PHF cooked to order	<input type="checkbox"/> Raw or undercooked food of animal origin	<b>Pick up dates:</b> _____
<input type="checkbox"/> Preparation of PHF's for hot and cold holding for single meal service		<b>Grease Hauler:</b> _____
		<b>Pick up dates:</b> _____
		<b>Pest Control Co.:</b> _____

**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.