



**WEST BOYLSTON BOARD OF HEALTH**  
 140 WORCESTER STREET  
 WEST BOYLSTON, MA 01583  
 TELEPHONE/FAX: 774-261-4075



**APPLICATION TO OPERATE A FOOD ESTABLISHMENT**  
**ESTABLISHMENT INFORMATION**

Name:	
Address:	
Telephone:	Email:
Address to send permit to:	

**OWNER INFORMATION**

Owning entity is a(n):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Individual	<input type="checkbox"/> Other legal entity
Name of owning entity:					
Responsible person:			Title:		
Address:					
Telephone:			Emergency Telephone:		

**PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATIONS (Owner, Person in Charge, Manager etc.)**

Name:	Title:
Address:	
Telephone:	Email:
Emergency Telephone Number:	

**TYPE OF FACILITY (Please check all that apply)**

<u>Retail Sales</u>	<u>Food Service</u>	<u>Other</u>
<input type="checkbox"/> Under 8000 Square Feet (No Food prep)	<input type="checkbox"/> Under 35 Seats	<input type="checkbox"/> Milk & Cream
<input type="checkbox"/> Over 8000 Square Feet (No Food prep)	<input type="checkbox"/> 35 Seats to 75 Seats	<input type="checkbox"/> Bakery
<input type="checkbox"/> Caterer (Stand-alone)	<input type="checkbox"/> Over 75 Seats	<input type="checkbox"/> Mobil Food Server
<input type="checkbox"/> Residential Kitchens /Cottage Foods	<input type="checkbox"/> Food Plan Review (New or Renovation)	<input type="checkbox"/> Single Event (1-14 days)
Exact Number of Seats _____ <b>*25 or More Seats Requires Anti-Choke*</b>		

### HOURS OF OPERATION

Monday: ____ to ____	Thursday: ____ to ____	Saturday: ____ to ____
Tuesday: ____ to ____	Friday: ____ to ____	Sunday: ____ to ____
Wednesday: ____ to ____	Notes:	

### CERTIFICATIONS (For all PICs)

**YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED BELOW**

Name(s) of Food Protection Manager: _____
Allergen Awareness Certification Holder(s) _____
Anti-Choke Certification(s) (Establishments with 25 or more seats) _____ _____
<b>Note: REQUIRED to have at least one Anti-choke certified staff person at all times/shifts.</b>
Mobile Food Units, including farmer markets, must include a copy of the food permit for their Base of Operation and last inspection report.

### MAINTENANCE

Potable water source:	____ Municipal	____ On-site well (requires DEP approval)	____ Other
Sewerage disposal:	____ Municipal	____ Approved on-site	____ Other
Chemical sanitizer used:			
Rodent / Insect control company:			
Solid waste disposal company: <i>(Make sure they are permitted with the Board of Health to operate in West Boylston)</i>			
Grease trap maintenance / pumping: <i>(Make sure they are permitted with the Board of Health to operate in West Boylston)</i>			

**\*\*Submit a copy of your menu or a list of all food items prepared in your establishment\*\***

### Signatory Section

Copies of 105 CMR 590.000 can be obtained at the State House Book Store at the State House, Boston, MA 02133 (617-727-2834) Website: <http://www.sec.state.ma.us/spr/sprcat/catidx.htm>

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, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.000 and the Federal Food Code.

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law

Social Security Number (SSN) or Federal ID Number: \_\_\_\_\_

Signature of applicant: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Make check payable to the Town of West Boylston\*\***

\_\_\_\_\_ YES, I wish to receive my permit via email (please be sure to include your email on page 1.)

\_\_\_\_\_ NO, I do not wish to receive permit via email, please mail to the address listed on page 1.