



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT



Public Health
Prevent. Promote. Protect.

1) Business/ Corporate Name		Date:															
2) Establishment Name/DBA: (If Different From Above):																	
3) Establishment Address:																	
4) Establishment Mailing Address (If Different):																	
5) Establishment Telephone No: ()																	
6) Applicant Name & Title:																	
7) Applicant Address:																	
8) Applicant Telephone No: ()		24 Hour Emergency No: ()															
9) Owner & Title (If Different From Applicant):																	
10) Owner Address (If Different From Applicant):																	
11) Establishment Owned By: Please Check Box <input checked="" type="checkbox"/> An Association A Corporation An Individual A Partnership Other Legal Entity	12) If a Corporation or Partnership, Give Name, Title, and Home Address of Officers or Partner <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Title</u></th> <th style="text-align: left;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<u>Name</u>	<u>Title</u>	<u>Home Address</u>															
13) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)																	
Name & Title:																	
Address:																	
Telephone No:		()															
Emergency Telephone No:		()															
Fax No:		()															
14) District or Regional Supervisor (If Applicable)																	
Name & Title:																	
Address:																	
Telephone No:		()															
Emergency Telephone No:		()															
Fax No:		()															
15) Days and Hours of Operation:		16) No. of Food Employees:															
17) Name of Person In Charge – Certified in Food Protection Management: <i>Required as of 10/1/2000 in accordance with 105 CMR 590.003(A)</i>																	
18) Person Trained In Anti-Choke Procedures: Yes No																	
19) Main Function of Establishment: Please Check Box <input checked="" type="checkbox"/> Retail Food Service Establishment Bakery Caterer Mobile Food Farmers' Market Residential Kitchen Temporary Square Footage: _____ Seating Capacity: _____	20) Secondary Function That Apply: Please Check Box <input checked="" type="checkbox"/> Retail Milk Bulk Food Bakery Bed & Breakfast Food Service Frozen Dessert Salad Bar Catering																

Follow us on Twitter @norwoodHD

<http://health.norwoodma.gov>

566 Washington Street– P.O. Box 40 – Norwood, MA 02062

Phone (781) 762-1240 – Fax (781) 278-3000

21) Food Operations <i>Check (✓) Box-All That Apply</i>	Definitions: PHF - Potentially Hazardous Food - (Time/Temperature Controls Required) Non-PHF's - 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 Packaged Non-PHF's	PHF Cooked to Order	Retail Sale of Salvage, Out-Of-Date or Reconditioned Food
Sale of Commercially Pre-Packaged PHF's	Preparation of PHF's for Hot & Cold Holding For Single Meal Service	Hot PHF Cooked and Cooled or Hot Held For More Than a Single Meal Service
Delivery of Packaged PHF's	Sale of Raw Animal Foods Intended to be Prepared by Consumer	PHF and RTE Foods Prepared for Highly Susceptible Population Facility
Reheating of Commercially Processed Foods for Service Within 4 Hours	Customer Self-Service	Vacuum Packaging/Cook Chill
Customer Self-Service of Non-PHF & Non-Perishable Foods Only	Ice Manufactured & Packaged for Retail Sale	Use of Process Requiring a Variance And/Or HACCP Plan (Including Bare Hand Contact Alternative, Time as a Public Health Control)
Preparation of Non-PHF's	Juice Manufactured and Packaged For Retail Sale	Offers Raw Or Undercooked Food of Animal Origin
Other (Describe:	Offers RTE PHF in Bulk Quantities	Prepares Food/Single Meals for Catered Events or Institutional Food Service

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

22) Signature of Applicant:

Pursuant to MGL 62C, Sec 40A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax Returns and paid State Taxes required under law

23) Social Security Number: Federal ID Number:

24) Signature of Individual or Corporate Name:

ALL PERMITS EXPIRE ON DECEMBER 31ST

APPLICATIONS MUST BE SUBMITTED 30 DAYS BEFORE PERMIT EXPIRES

There will be a late fee of \$50.00 for all applications received after December 1st. Failure to submit an application will result in closure and possible revocation of permit.

PERMIT FEES		NON-CRIMINAL DISPOSITION OF VIOLATIONS	
Food - Retail - Bakery - Catering (Plan Review)	\$150.00-\$250.00	Chapter X (105 CMR 590.000)	
		First Offense	\$50.00
Food - Seating Capacity: 0-25	\$100.00	Second Offense	\$100.00
26-50	\$150.00	*Third Offense	\$150.00
51-100	\$200.00	(*Plus an Appearance Before the Board of Health)	
101 - Over	\$250.00		
Retail - Square Footage: Under 1,500 sq. ft.	\$100.00		
1,501 - 4,000 sq. ft.	\$150.00		
4,001 - Over sq. ft.	\$250.00		
Bakery	\$100.00		
Catering	\$100.00		
Catering (Per Function)	\$10.00		
Farmers' Market Retail	\$50.00		
Residential Kitchen	\$50.00		
Function Hall	\$30.00-\$100.00		
Mobile Food Service - Ice Cream	\$100.00		
Temporary (Commercial)	\$30.00		
(Non-Profit)	N/C		
Schools - Churches	N/C		