

# Town of Winthrop Board of Health

<b>For Office Use Only</b>	
Date:	_____
Permit #:	_____
Fee:	_____

## Food Establishment Application

(complete EVERY field – if not applicable, type n/a. Incomplete applications will be returned)

1) Establishment Name													
2) Establishment Address													
3) Establishment Mailing Address (if different)													
4) Establishment Telephone Number													
5) Applicant Name													
6) Applicant Address													
7) Applicant Telephone No.	24 hr. Emergency No.                      Cell No.												
Email Address													
8) Owner Name & Title (if different from applicant)													
9) Owner Address (if different from applicant)													
10) Establishment Owned by: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity _____	11) If a corporation or partner ship, give name, title, and home address of officers or partners  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Name</th> <th style="width: 33%;">Title</th> <th style="width: 33%;">Home Address</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> </tbody> </table>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	Home Address											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
12) Person Directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title	_____												
Address	_____												
Telephone No.	Fax No.												
Emergency Telephone No.	_____												
13) District or Regional Supervisor (if applicable)													
Name & title	_____												
Address	_____												
Telephone No.	Fax No.												
14) Rubbish Disposal													
Company Name	15) Sewage Disposal <input type="checkbox"/> Private <input type="checkbox"/> Public												
Address and Phone No.	Water Source <input type="checkbox"/> Private <input type="checkbox"/> Public												

OVER

16) Days & Hours of Operations		17) No. Of Food Employees
18) Name of Certified Food Manager(s) <i>(Please provide copy of certification)</i> Certificate Number: _____ Expiration date: _____		
18A) Name of Person(s) in Charge (PIC)		
19) Person(s) Trained in Anti-Choking Procedures (If 25 Seats or More)		
20) Location (Check One) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile (provide list of stops)	22) Establishment Type <input type="checkbox"/> Retail <input type="checkbox"/> Food Service  22A) Number of Seats in Establishment  22B) Number of Square Feet in Establishment	23) (Check All That Apply) <input type="checkbox"/> Sale/Service of Milk and Cream <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Frozen Dessert Manufacturer (soft serve machine) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery
21) Length of Permit (Check One) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal	24) Food Operations (Check All That Apply) Definitions PHF – potentially hazardous food (time/temp controls required) Non-PHF – non-potentially hazardous food (no time/temp controls required) RTE – ready-to-eat foods (Ex. Sandwiches, salads, muffins, which need no further processing)	
<input type="checkbox"/> Sale Pre-Packaged Non-PHF (i.e. bread, dry goods) and/or Pre-Packaged PHF (i.e. yogurt, milk, sushi)	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be prepared by consumer (retail only)	<input type="checkbox"/> Customer Self-Service of PHF & RTE (i.e. salad bar, hot & cold holding items)
<input type="checkbox"/> Retail Sale of Salvage or Out of Date Pre-Packaged Food	<input type="checkbox"/> Preparation of Non-PHF (i.e. bakery items)	<input type="checkbox"/> Preparation, Sale or Service of PHF Cooked to Order (i.e. single meal, single sub sandwich, single hamburger)
<input type="checkbox"/> Preparation of PHF involving cooking, cooling, reheating, hot & cold holding, freezing, thawing for more than single meal service (i.e. pan of chicken, commercially processed foods)	<input type="checkbox"/> Preparation of PHF & RTE for Highly Susceptible Populations (i.e. nursing homes, daycares)	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (i.e. time as public health control, vacuum packaging, sushi)
<input type="checkbox"/> Disclaimer (describe or asterisk item) and Consumer Advisory Provided (consumption of raw or undercooked foods may cause food borne illness) FC 3-603.11		
<b>Please Enclose your Menu with this Application.</b>		

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.

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.

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

26) Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

27) Applicant Name (please print) \_\_\_\_\_

**MAIL Application, Menu and ServSafe and ChokeSaver Certificate(s) to:  
Winthrop Health Dept.; One Metcalf Sq; Winthrop, MA 02152  
Check(s) Payable to Town of Winthrop – All Fees are Non-Refundable**