



TOWN OF MARION
BOARD OF HEALTH
 2 SPRING STREET
 MARION, MA 02738
 508-748-3530

Food Establishment Permit Application
(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:																	
2) Establishment Address:																	
3) Establishment Mailing Address (if different):																	
4) Establishment Telephone No:																	
5) Applicant Name & Title:																	
6) Applicant Address:																	
7) Applicant Telephone No:	24 Hour Emergency No:	Email:															
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 partnership, give name, title and home address of officer(s) or partner(s): <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><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>															
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)																	
Name & Title:																	
Address:																	
Telephone No:	Fax:	Email:															
Emergency Telephone No:																	
13) District or Regional Supervisor (if applicable)																	
Name & Title:																	
Address:																	
Telephone No:	Fax:	Email:															

For Board of Health Use Only
Check #: _____ Date: _____ Amount: _____

Food Establishment Information

14) Water Source: DEP Public Water Supply No: (if applicable)	15) Sewage Disposal:
16) Days and Hours of Operation:	17) No. of Food Employees:
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A)</i>	
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No	
20) Location (check one): <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	
21) Length Of Permit (check one): <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ Temporary/Dates/Time:	
22) Establishment Type (check all that apply):	
License to Sell Tobacco Products	\$ 75.00
License to Manufacture and/or Sell Frozen Desserts	\$ 75.00
License to Operate a Bakery	\$100.00
License to Operate a Bed and Breakfast Residential Kitchen	\$100.00
License to Operate a Catering Establishment	\$100.00
License to Operate a Food Service Establishment for 3 days or less (fairs)	\$ 25.00
License to Operate a Mobile Food Server	\$125.00
License to Operate a Residential Kitchen	\$100.00
License to Operate a Retail Food Store	\$100.00
Permit to Operate a Food Service Establishment with 74 seats or less	\$125.00
Permit to Operate a Food Service Establishment with 75 seats or more	\$175.00
Permit to Sell Milk and Cream	\$ 10.00
Plan Review (Food Establishment or Retail Food Store)	\$125.00
Wholesale Food	\$100.00
23) Food Operations:	
(check all that apply):	Definitions: PHF – potentially hazardous food (time/temperature controls required) Non-PHF – 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 Pre-packaged Non-PHFs	_____ PHF Cooked to Order
_____ Sale of Commercially Pre-packaged PHFs	_____ Preparation of PHFs For Hot And Cold Holding for Single Meal Service
_____ Delivery of Packaged PHFs	_____ Sale of Raw Animal Foods Intended to be Prepared by Consumer
_____ Reheating of Commercially Processed Foods for Service Within 4 hours	_____ Customer Self-Service
_____ Customer Self-Service of Non-PHF and Non-Perishable Foods Only	_____ Ice Manufactured and Packaged for Retail Sale
_____ Preparation of Non-PHFs	_____ Juice Manufactured and Packaged for Retail Sale
_____ Offers RTE PHF in Bulk Quantities	_____ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
_____ Retail Sale of Salvage, Out of Date or Reconditioned Food	_____ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
_____	_____ Vacuum Packaging/Cook Chill
_____	_____ Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternative, time as public health control)
_____	_____ Offers Raw or Undercooked Food of Animal Origin
_____	_____ Prepares Food/Single Meals for Catered Events or Institutional Food Service

To be completed by the Board of Health

Total Permit Fee: _____
 Payment is due with application

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.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, 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.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____