

Town of Northborough Board of Health 63 Main Street Northborough, MA 01532 508-393-5009 (F) 508-393-6996

Annual Fee: \$250.00
Payable to Town of Northborough
Form undated 7-08

Permit #:	
Check #:	

Application for Permit to Operate a Food Service Operation

	Date			
Mailing Address (if different) Town State:Zip Code: E-mail Address Fax No.:	Name of Business	Phone No.		
Name and Title of Applicant	Location of Business	Town:	State:Zip Code:	
Name and Title of Applicant Name of Person in Charge: Certified Food Protection Manager: *** Required as of 10/01/2001 in accordance with 105 CMR 590.003(A) Attach copy of certificate to this application Name and Phone number of Owner of Building (if different from applicant) Emergency Response Person Telephone Number Type of Operation Fee Duration of Permit Retail Food Sannual Food Service Sasonal Caterer Sasonal Caterer Sasonal Caterer Sasonal Water Source* Type of Sewage Disposal *If establishment on a well serves 25 or more persons daily, and system operates 60 or more days a year, the system needs to be an approved public water supply. Days & Hours of Operation If Restaurant, Total Number of Seats *If 25 or more seats, it is mandatory that one employee trained in anti-choking procedures be on the premise when the food is being served. Please submit with this application the establishments Grease Trap pumping receipts. In accordance with 310 CMR 15.351(2): grease traps shall be inspected monthly by the owner/operator and shall be cleaned by a licensed septage hauler whenever the level of grease is 25% of the effective depth of the trap, or at least every three (3) months, whichever is sooner. I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the	Mailing Address (if different)	Town	State: Zip Code:	
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Retail Food Service \$ Seasonal Caterer \$ Temporary Residential Kitchen \$ Plan Review \$ *If establishment on a well serves 25 or more persons daily, and system operates 60 or more days a year, the system needs to be an approved public water supply. Days & Hours of Operation If Restaurant, Total Number of Seats * If 25 or more seats, it is mandatory that one employee trained in anti-choking procedures be on the premise when the food is being served. Please submit with this application the establishments Grease Trap pumping receipts. In accordance with 310 CMR 15.351(2): grease traps shall be inspected monthly by the owner/operator and shall be cleaned by a licensed septage hauler whenever the level of grease is 25% of the effective depth of the trap, or at least every three (3) months, whichever is sooner. I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the	Emergency Response Person Telephone Number			
Seasonal Temporary	Type of Operation Fee Duration of Permit			
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food establishment 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.	food establishment will comply with	105 CMR 590.000 and all of	other applicable law. I have been instructed	
Pursuant to M.G.L. ch. 152, sec. 25A Please attach Worker's Compensation. CERTIFICATE OF INSURANCE. (without this your permit can not be issued!)				
Pursuant to M G L Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all tax returns and paid state taxes under law.				
SS# or Federal Id # Signature of Applicant or Corporate Officer	SS# or Federal Id #	ederal Id # Signature of Applicant or Corporate Officer		