



**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 \_\_\_\_\_

Name of Business \_\_\_\_\_ Phone No. \_\_\_\_\_

Location of Business \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ Town \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax No.: \_\_\_\_\_

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 \_\_\_\_\_

<u>Type of Operation</u>	<u>Fee</u>	<u>Duration of Permit</u>
Retail Food <input type="checkbox"/>	\$ _____	Annual <input type="checkbox"/>
Food Service <input type="checkbox"/>	\$ _____	Seasonal <input type="checkbox"/>
Caterer <input type="checkbox"/>	\$ _____	Temporary <input type="checkbox"/>
Residential Kitchen <input type="checkbox"/>	\$ _____	
Plan Review <input type="checkbox"/>	\$ _____	

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 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.

**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