



SUNDERLAND BOARD OF HEALTH
 12 School Street
 Sunderland, MA 01375
 Phone#: 413-665-1441 X6 fax#: 413-665-1446
 boardofhealth@townofsunderland.us

FOOD PERMIT APPLICATION

Annual **Seasonal**

PERMIT FEE: \$25.00 (non-refundable) plus applicable inspection fees

Date of Application: _____

Establishment Name/DBA: _____

Location: Permanent Structure _____

Mobile _____ Annual Fee: \$25 (Jan-Dec)

BUSINESS Telephone: _____

Applicant Name and Title: _____

Applicant Address: _____ City/State/Zip: _____

Applicant Telephone & **EMAIL**: _____

Name of Manager: _____

Address: _____

Telephone: _____ Cell Phone#: _____

Hours of Operation: _____

Name of Person in Charge – Certified Food Manager: _____

(ATTACH COPY OF SERVSAFE and ALLERGEN CERTIFICATION) – REQUIRED IN ACCORDANCE WITH 105 CMR 590.003(A)

Number of Employees: _____

Type of Establishment (check all that apply):

Bar Caterer Food Service – Take Out Food Service – Institution (____ meals/day) Food Service (____ # of seats)

Mobile Food Cart / Vendor Residential Kitchen for Retail Sale Residential Kitchen for B&B Home Residential Kitchen for B&B Establishment

Retail (____ sq.ft.) Other (describe) _____

FOOD OPERATIONS: (Check all that apply): Definitions:

- **PHF** – potentially hazardous food (require time/temperature control)
- **Non-PHF's** – non potentially hazardous food (no time/temp control required)
- **RTE** – Ready-to-eat foods (ex. Salads, sandwiches, muffins – no further processing)

- Sale of Commercially Pre-packaged Non-PHF's
- Sale of Commercially Pre-packaged PHF's
- Delivery of Packaged PHF's
- Reheating of Commercially Processed Foods for Service within 4 (four) hours
- Customer Self-Service of Non-PHF & Non-Perishable Foods
- Preparation of Non-PHF's
- PHF Cooked to Order
- Preparation of PHF's for Hot & Cold Holding –single meal service

- Sale of Raw Animal Foods Intended to be Prepared by Consumer
- Customer Self-Service
- Hot PHF Cooked and Cooled or Hot Held more than a single-meal service
- PHF & RTE Foods prepared for highly susceptible population facility
- Vacuum packaging cook chill
- 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 590.00 and the Federal Food Code. Pursuant to MGL Ch.62C, §49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filled all state tax returns and paid state tax required under law.

 Applicant's Signature / Date

 Printed Name / Title

***** OFFICE USE ONLY *****

OFFICE USE ONLY: Permit Fee: \$ _____ () Cash () Check #: _____ Date Paid: _____
PERMIT #: _____ DATE ISSUED: _____ DATE EXPIRES: _____

APPROVED DISAPPROVED Establishment Name: _____

DATE: _____

BOARD OF HEALTH