

**FOR BOARD OF HEALTH USE ONLY**

DATE RECEIVED    DATE INSPECTED    APPROVED BY    PERMIT FEE: \$ \_\_\_\_\_

PERMIT ISSUED

LATE FEE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

TOTAL FEE = \$ \_\_\_\_\_ ID#:

**TOWN OF FAIRHAVEN  
BOARD OF HEALTH**

40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4022

**Annual Food Establishment Permit Application (2007)***New business application must be submitted at least 30 days prior to planned opening date**Renewals must be submitted by 12/01/06 or late filing fee will apply*

Check type of application:                      New (Initial)                      Renewal

Amended

PLEASE **PRINT** CLEARLY**TODAY'S** DATE:

1) Establishment Trade Name:

2) Establishment Address:

3) Establishment Mailing Address (*if different*):

4) Establishment Telephone No.: (     )

Fax No.: (     )

5) Applicant Name:

Applicant's Title:

## Food Establishment Application (continued)

<b>15) Water Source:</b> DEP Water Supply Number: ( <i>if applicable</i> )	<b>16) Sewage disposal:</b>
<b>17) Days and Hours of Operation:</b>	<b>18) No. of Food Employees:</b>
<b>19) Name of Person(s) in Charge Certified in Food Protection Management (<i>Please attach copy of certificate</i>):</b>	
<b>20) Person Trained in Anti-Choking Procedures (<i>if 25 seats or more</i>):</b> Yes    No ( <i>Please attach copy of certificate</i> ):	
<b>21) Establishment Type: (<i>Check all that apply</i>)</b>	
Retail (_____ Sq. Ft.)	<i>Residential Kitchen for:</i>
Food Service - (_____ Seats)	Retail Sale
Food Service – Takeout	Bed & Breakfast Home
Food Service – Institution(_____Meals/D )	Bed & Breakfast Establishment
Frozen Dessert Manufacturer	Other ( <i>Describe</i> ):
<b>22) Food Preparation: (<i>Check all that apply</i>)</b>	
<b>Definitions:</b> PHF – potentially hazardous food (time/temperature controls required)	
Non-PHF – non-potentially hazardous food (no time/temperature controls required)	
RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)	

Sale of commercially pre-packaged Non-PHF Sale of commercially pre-packaged PHFs Delivery of packaged PHFs Reheating of commercially processed foods for service within (4) hours Customer self-service of Non-PHF and non-perishable foods only Preparation of Non-PHFs for retail sale Offers RTE PHF in bulk quantities PHF cooked to order Preparation of PHFs for hot and cold holding for single meal service	Customer self-service Sale of raw animal foods intended to be prepared by consumer Ice manufactured and packaged for retail sale Juice manufactured and packaged Retail sale of salvage, out-of-date or reconditioned food Hot PHF cooked and cooled or hot held for more than a single meal service PHF and RTE foods prepared for highly susceptible population facility Raw or undercooked food of animal origin	Vacuum packaging/cook chill Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control) Prepared food/single meals for catered events or institutional food service Other ( <i>Describe</i> ): <hr/> <b>If applicable, Name of:</b> <b>Dumpster</b> <b>Co.:</b> _____ <b>Pick up</b> <b>dates:</b> _____ <b>Grease</b> <b>Hauler:</b> _____ <b>Pick up</b> <b>dates:</b> _____ <b>Septic</b> <b>Hauler:</b> _____
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**Reminder:** Consistent with M.G.L. Ch.270, Section 22 and per order of the Fairhaven Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises.

**23) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:**

✓ *If owned by an individual:* \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

✓ *If owned by an association, corporation, partnership, or other legal entity*

**Federal Identification Number:** \_\_\_\_\_

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Fairhaven Board of Health Administrative Office on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

**24) Authorized Signatory –print name and title clearly and sign below:**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Payment is due with application*