



Application # \_\_\_\_\_

**Town of Stoughton  
BOARD OF HEALTH  
FOOD ESTABLISHMENT  
APPLICATION**

**Date:** \_\_\_\_\_

( ) **New**: fees stated in the application

Application for a permit received after 30 calendar days from the expiration date of the latest permit

( ) **Renewal**: fees stated in the application

Application for a permit received before or within 30 calendar days from the latest permit

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**Applicant's Information** *(Owner of the Business shall be the applicant)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel #: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

( ) Corporation ( ) Individual ( ) Other \_\_\_\_\_

( ) Association ( ) Partnership

If Corporation or Partnership; please complete:

<u>Name</u>	<u>Title</u>	<u>Main Office Address</u> <i>(Address, City, State, Zip)</i>	<u>Phone #</u>	<u>Fax #</u>	<u>Mailing Address</u> <i>(Address, City, State, Zip)</i> <i>If different than the main office address</i>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

State of Incorporation: \_\_\_\_\_

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Initial: \_\_\_\_\_

**Food Establishment Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel #: \_\_\_\_\_

Email: \_\_\_\_\_

**24 Hour Contact Information:**

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_

**Water and Sewer Information:**

Water Supply: ( ) Public ( ) Water Supply On-site

Sewage Disposal: ( ) Public ( ) On-site Septic Trash Removal: \_\_\_\_\_

Grease Hauler Company Name: \_\_\_\_\_ (N/A indicate if not applicable)

Septic Hauler Company Name: \_\_\_\_\_ (N/A indicate if not applicable)

Trash Hauler Company Name: \_\_\_\_\_

**Days and Hours of Operation:**

( ) Consistent days and hours \_\_\_\_\_ – \_\_\_\_\_, ( \_\_:\_\_ - \_\_:\_\_ )

Day Day Open & close time

( ) Variable days and hours

Sun ( \_\_:\_\_ - \_\_:\_\_ ) Mon ( \_\_:\_\_ - \_\_:\_\_ ) Tue ( \_\_:\_\_ - \_\_:\_\_ ) Wed ( \_\_:\_\_ - \_\_:\_\_ )

Thu ( \_\_:\_\_ - \_\_:\_\_ ) Fri ( \_\_:\_\_ - \_\_:\_\_ ) Sat ( \_\_:\_\_ - \_\_:\_\_ )

**Lab Information:** *For manufacture of frozen desert only*

Name: \_\_\_\_\_

Tel #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

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**Food Operations** *Check all; (✓) for all that apply, (✗) for all that do not apply*

*Definitions:*

*PHFs: Potentially hazardous food (time/temperature control required)*

*Non-PHF: Non potentially hazardous food (no time/temperature control required)*

*RTE: Ready-to-eat foods (e.g. sandwiches, salads, muffin, etc. which need no further processing)*

Initial: \_\_\_\_\_

- ☐ Sale of Commercially Pre-packaged Non-PHF's
- ☐ Sale of Commercially Pre-packaged PHFs
- ☐ Delivery of packaged PHFs
- ☐ PHFs Cooked to Order
- ☐ Preparation of PHFs for Hot and/or Cold Holding for Single Meal Service
- ☐ Hot PHFs Cooked and Cooled or Hot Held for More Than a Single Meal Service
- ☐ PHFs and RTE Foods Prepared for Highly Susceptible Population Facility (e.g. nursing homes, daycare centers)
- ☐ Offers Raw or Uncooked Food of Animal Origin (e.g. undercooked hamburgers, uncooked eggs, sushi, etc.)
- ☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer
- ☐ Reheating of Commercially Processed Foods for Service Within 4 Hours
- ☐ Retail Sale of Service, Out-of-date or Reconditioned Food

Customer Self-Service

- ☐ PHFs
- ☐ Non-PHF's

Food Manufactured and Packaged for Retail Sale:

- ☐ Ice
- ☐ Juice
- ☐ Other Non-PHF's: \_\_\_\_\_
- ☐ PHFs

Use of Process Requiring a Variance and/or HACCP Plan:

- ☐ Vacuum Packaging
- ☐ Smoking of PHFs as a Way of Preservation
- ☐ Bare Hand Contact Alternative
- ☐ Time as a Public Health Control
- ☐ Other: \_\_\_\_\_
- ☐ Offers RTE PHFs in Bulk Quantities
- ☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
- ☐ Other: \_\_\_\_\_

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Initial: \_\_\_\_\_

Employee Name(s) Certified in Food Safety: \_\_\_\_\_

☐ Attach copy of certification – Failure to provide a copy of this certification may result in temporary suspension of your Food establishment Permit.

Person Name(s) trained in anti-choking procedures (*if 25 seats or more, N/A if < 25 seats*): \_\_\_\_\_

☐ Insurance is provided for employees trained in anti-choking procedures. ( ) Yes ( ) No

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**Type of Establishment & Fees:** *Check all that apply*
**Food establishment application process (plan review)**New establishment plan review \$ 100.00 ☐Establishment revised plan review \$ 50.00 ☐

1) Food Service (0 -24 seats)	\$150.00 <input type="radio"/>
Food Service with 25-100 seats	\$200.00 <input type="radio"/>
Food Service with 101+ seats	\$300.00 <input type="radio"/>
2) Supermarkets/Superstores (for Retail licensing)	\$300.00 <input type="radio"/>
3) Retail Food (limited)	\$150.00 <input type="radio"/>
4) Retail Food with limited food service (0-25 seats)	\$150.00 <input type="radio"/>
5) Bakery	\$150.00 <input type="radio"/>
6) Bakery with limited food service (0-25 seats)	\$200.00 <input type="radio"/>
7) Caterer (Annual)	\$125.00 <input type="radio"/>
8) Caterer (Individual events)	\$ 15.00 <input type="radio"/>
9) Frozen Desserts (manufacturing ice cream, ex. Soft serve)	\$ 50.00 <input type="radio"/>
10) Milk/Cream	\$ 10.00 <input type="radio"/>
11) Farmer's Market	\$ 75.00 <input type="radio"/>
12) Other _____	\$ <input type="radio"/>

**TOTAL** \$ \_\_\_\_\_

**Please make checks payable to "Town of Stoughton"**

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Initial: \_\_\_\_\_

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**I understand that I am to notify the Stoughton Board of Health, upon the termination of employee certified food manager.**

**I understand that I am to notify the Board of Health prior to making any changes to the facility structure/operation (ex. Equipment changes/additions, etc.).**

I declare under penalty or perjury all the following: 1) The statements made on the application are true and correct; 2) I have knowingly and willfully made truthful statements and included factual documents in support of this application; 3) I have filed all state tax returns and paid all taxes required under law; 4) I cannot conduct business until the Board of Health Permit is obtained.

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

Date: \_\_\_\_\_

Print Name of Individual or Corporate/Corporate Officer: \_\_\_\_\_

Signature of Individual or Corporate Officer: \_\_\_\_\_

FOR OFFICE USE ONLY

Payment Type:

( ) Cash ( ) Check # \_\_\_\_\_ ( ) Money Order # \_\_\_\_\_

Date Payment Received: \_\_\_\_\_

**Risk Category:** (select one)

( ) 1

Retail Food: Establishment small in size (small retail variety shop, chain stores)

( ) 2

Food Service: Establishments that prepares food primarily intended to be consumed off premises but has a seating capacity of forty (40) seats or fewer

Retail Food: Establishment small in size that also minimal provides food services (deli operation etc)

( ) 3

Food Service: Establishments that have over forty (40) seats

( ) 4

Food Service: Establishments that provides food to individuals in health care facilities

Retail Food: Establishment large in size (wholesales clubs, large chain grocery store)

Initial: \_\_\_\_\_