

# Town of Plainville

P. O. Box 1717 – Plainville MA 02762

## Food Establishment Permit Application

Permit # \_\_\_\_\_

Received \_\_\_\_\_

Total Fee \_\_\_\_\_

Paid (ck or cash) \_\_\_\_\_

License granted \_\_\_\_\_

**FOR OFFICE USE ONLY**

*The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto in said Town of Plainville in accordance with the rules and regulations made under authority of said statutes.*

**Date of Application:**

**E:MAIL ADDRESS** (for recalls)

**1) Establishment Name:**

**2) Establishment Address:**

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

**4) Establishment Telephone No:**

**5) Applicant Name & Title:**

**6) Applicant Address:**

**7) Applicant Telephone No:**

**24 Hour Emergency No:**

**8) Owner Name & Title (if different from applicant):**

**9) Owner Address (if different from applicant):**

**10) Establishment Owned By:**

- An Association
- A Corporation
- An Individual
- A Partnership
- Other legal entity \_\_\_\_\_

**11) If a corporation or partnership, give name, title, and home address of officers or partner.**

Name

Title

Home Address

\_\_\_\_\_  
\_\_\_\_\_

**12) Person Directly Responsible for Daily Operations (Owner, person in charge, supervisor, manager Etc.)**

Name & Title:

Address:

Telephone No:

Fax:

Emergency Telephone No:

**13) District or Regional Supervisor (if applicable)**

Name & Title:

Address:

Telephone No:

Fax:

# Food Establishment Information

<b>14) Water Source:</b> <input type="checkbox"/> Public (Town) <input type="checkbox"/> Well <small>DEP Public Water Supply No: (if applicable)</small>		<b>16) Sewage Disposal:</b> <input type="checkbox"/> Public <input type="checkbox"/> Private (On-site septic) Name of pumper _____ <b>Exterior Grease Trap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Name of pumper: _____ <b>Rubbish Disposal firm:</b> _____	
<b>15) Pest Control:</b> Frequency: _____ Name: _____			
<b>17) Days and Hours of Operation:</b>		<b>18) Number of Food Employees:</b>	
<b>19) Name of Person in Charge Certified in Food Protection Management:</b> <i>Attach copy of certificate</i>			
<b>20) Person Trained in Anti-Choking Procedures</b> (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No ( <i>Attach Copies of certificate</i> )			
<b>21) Location:</b> (check one) <input type="checkbox"/> Permanent Structure  <input type="checkbox"/> Mobile		<b>23) Establishment Type</b> ( <i>check all that apply</i> ) <input type="checkbox"/> Retail ONLY ( _____ sq.ft.)    \$150.00 <input type="checkbox"/> Food Service -    \$300.00 <input type="checkbox"/> Permanent - (Number of Seats _____ ) <input type="checkbox"/> Take out <input type="checkbox"/> Institution - (Number of Meals/Day _____) <input type="checkbox"/> Frozen Desert <input type="checkbox"/> Slush Machine <input type="checkbox"/> Bakery <input type="checkbox"/> Milk <input type="checkbox"/> Food Delivery/Mobile Vehicles, # of Vehicles _____    \$ 50.00 per vehicle <input type="checkbox"/> Caterer    \$ 50.00 <input type="checkbox"/> Bed & Breakfast    \$250.00 <input type="checkbox"/> Cottage Food Operation/Residential Kitchen for Retail Sale    \$150.00 <input type="checkbox"/> Food Manufacturing    \$250.00 <input type="checkbox"/> Other _____	
<b>22) Length of Permit:</b> (check one) <input type="checkbox"/> Annual  <input type="checkbox"/> Seasonal (list dates) _____  <input type="checkbox"/> Temporary (lists dates/time): _____		<p style="text-align: right;"><b>TOTAL PERMIT FEES</b> \$ _____</p>	
<b>24) Food Operations:</b>  <b>Check all that</b>		Definitions: TCS – formerly known as “potentially hazardous food” (time/temperature controls required) Non-TCS’s – non-potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (EX. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non- TCSs	<input type="checkbox"/> TCS Cooked to Order	<input type="checkbox"/> Hot TCS cooked and cooled or hot held for more than a single meal service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCSs	<input type="checkbox"/> Preparation of TCSF’s for Hot and Cold Holding for single meal service.	<input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility	
<input type="checkbox"/> Delivery of Packaged TCSs	<input type="checkbox"/> Sale of Raw Animal Foods intended to be prepared by consumer.	<input type="checkbox"/> Vacuum packaging/cook chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service of Non-TCS and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and packaged for retail sale	<input type="checkbox"/> Offers raw or undercooked food of animal origin.	
<input type="checkbox"/> Preparation of Non-TCS’s	<input type="checkbox"/> Juice manufactured and packaged for retail sale	<input type="checkbox"/> Prepares food/single meals for catered events or institutional food service	
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Offers RTE TCS in Bulk Quantities	<input type="checkbox"/> Retail sale of salvage, out-of date or reconditioned food	
<i>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.</i>			
<b>25) Signature of Applicant:</b> _____			
<i>Pursuant to MGL CH. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.</i>			
<b>26) Social Security Number or Federal ID:</b> _____			
<b>27) Signature of Individual or Corporate Name:</b> _____			