

**TOWN OF NORTH BROOKFIELD
MASSACHUSETTS 01535**

OFFICE OF THE BOARD OF HEALTH
215 North Main Street
Telephone: 508-867-0201
Fax: 508-867-0046
Email: health@northbrookfield.net
Website: www.northbrookfield.net

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

PAYMENT DUE WITH APPLICATION

Remit application and payment to above address, checks payable to the Town of North Brookfield

Establishment Information:

Name: _____

Phone: _____

Address: _____

Email: _____

Hours of Operation:

Sun: ____ Mon: ____ Tues: ____ Weds: ____ Thurs: ____ Fri: ____ Sat: ____

Owner Information:

Owning entity is a(n):

Corporation Partnership Association Individual Other

Name of Owning entity: _____

Responsible Individual: _____ Title: _____

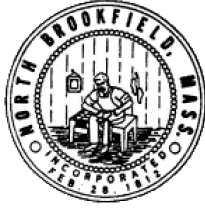
Address: _____

Email: _____ Phone: _____

Person In Charge (PIC) Information:

Name: _____ Emergency Contact: _____

PIC's ServSafe Managers AND Allergen Awareness certificates MUST be attached and VISIBLY posted in establishment.



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Type of Facility/Permit (Check all that apply):

<input type="checkbox"/> Food Service (less than 100 seats) \$125.00	<input type="checkbox"/> Residential Kitchen \$75.00	<input type="checkbox"/> Retail Food (0-1,000 sq. ft.) \$125.00
<input type="checkbox"/> Food Service (100-250 seats) \$200.00	<input type="checkbox"/> Wholesale (residential kitchen) \$50.00	<input type="checkbox"/> Retail Food (1,000-5,000 sq. ft.) \$200.00
<input type="checkbox"/> Food Service (greater than 250 seats)	<input type="checkbox"/> Non-Profit/House of Worship \$75.00	<input type="checkbox"/> Retail Food (5,000-10,000 sq. ft.) \$300.00
<input type="checkbox"/> Mobile Food Server (Food Truck) \$100.00	<input type="checkbox"/> Bakery \$100.00	<input type="checkbox"/> Retail Food (10,000-15,000 sq. ft.) \$400.00
<input type="checkbox"/> Catering \$100.00	<input type="checkbox"/> Frozen Desserts (Soft Serve) \$50.00	<input type="checkbox"/> Retail Food (15,000-20,000 sq. ft.) \$500.00
	<input type="checkbox"/> Milk Pasteurization \$15.00	<input type="checkbox"/> Retail Food (Greater than 2,000 sq. ft.) \$500.00 + \$0.25/ additional sq. Ft)
		<input type="checkbox"/> Retail: Prepackaged \$75.00
Total Fee:		

Maintenance Information:

Potable Water Source:

Municipal On-site private well (requires DEP approval) Other

Sewerage Disposal:

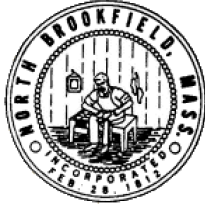
Municipal Approved On-site Other

Chemical sanitizer used: _____

Rodent/Insect control company: _____

Solid waste disposal company: _____

Grease trap maintenance/pumping company: _____



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Copies of 105 CMR 590.000 can be obtained at the State House Book at the State House, Boston MA 02133 or contact by telephone at 617-727-2384.

I, the undersigned, attest to the accuracy of the information provided in the application and affirm that the food establishment operation will comply with the 105 CMR 590.000 and all other applicable laws.

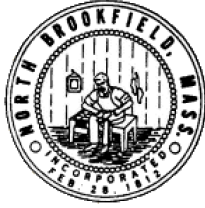
I, as applicant, assure agents for the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints, and otherwise protecting public health. I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.000 and the Federal Food Code.

ADDITIONAL REQUIRED PAPERWORK

1. Copy of current menu
2. Copy of employee sick policy and reporting agreement
3. Copies of all food protection manager certifications for all PICs (Eg. ServSafe)
4. Copies of Allergen Awareness certifications for all PICs
5. Completed Worker's Comp. Insurance Affidavit (attached)
6. Copies of Choke Safe Certification for all PICs (establishments w/ 25+ seats)
7. Copy of recent water test results (private wells only)

ADDITIONAL REQUIRED PAPERWORK FOR MOBILE FOOD PERMIT APPLICANTS

1. Copy of Hawker/Peddler license
2. Copy of recent inspection report from town of origin
3. Copy of current permit from town of origin



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Signatures:

Signature of applicant

Date

Print name

BOARD OF HEALTH USE ONLY

APPROVED BY: _____ DATE: _____

Permits Issued:

