



# Town of Athol

## Food Establishment Permit Application



**Public Health**  
Prevent. Promote. Protect.

Establishment Name:													
Establishment Address:													
Establishment Mailing Address (if different):													
Email Address:													
Establishment Telephone #:	Establishment FAX #:												
Applicant Name & Title:													
Applicant Address:													
Applicant Telephone #:	24 Hour Emergency #:												
Owner Name & Title (if different from applicant):													
Owner Address (if different from applicant):													
<b>Establishment Owned By:</b> An association _____ A corporation _____ An individual _____ A partnership _____ Other legal entity _____	<b>If a corporation or partnership, give name, title, and home address of officers or partner.</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<b>Person Directly Responsible For Daily Operations</b> (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:													
Address:													
Telephone #:	Fax #:                      Emergency Telephone #:												
<b>District or Regional Supervisor</b> (if applicable)													
Name & Title:													
Address:													
Telephone #:	Fax #:												
<b>Establishment has:</b> Town Water _____ or Well Water _____ and Town Sewer _____ or Septic _____													
Days and Hours of Operation:													
Name of Person In Charge <u>Certified in Food Protection Management &amp; Allergen Awareness:</u> <b>(Please attach copies of certificates)</b>													
Person Trained In Anti-Choking Procedures (if 25 seats or more): ____ Yes ____ No <b>(Please attach copies of certificates)</b>													



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<p><b>Super Store</b> (Over 10,000 sq. feet)</p> <p>\$75 per Department</p> <p>___ Bakery</p> <p>___ Deli</p> <p>___ Fish</p> <p>___ Produce</p> <p>___ Hot/Cold Bar</p> <p>___ Retail</p> <p style="text-align: right;">_____ \$ Total</p>	<p><b>Food Establishment</b></p> <p>\$125: ___ Food Service Institution</p> <p>\$125: ___ Caterer</p> <p>\$125: ___ Food Establishment, 0 to 50 seats <b>Add \$50 for each additional 25 seats</b> <b>*Number of seats in your establishment: _____</b></p> <p>\$75: ___ Limited Operation</p> <p>\$100: ___ Mobile Units</p> <p><b>Retail</b></p> <p>\$75 ___ Pre-Packaged Foods</p> <p>\$50 ___ Limited Retail (Less than 10 sq. feet)</p> <p><b>Only non-PHF's prepackaged foods &amp; drinks</b></p>	<p><b>Payment</b> <b>is due with application</b> <b>Please make checks payable</b> <b>to: "Town of Athol"</b></p>
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**Food Operations:** (check all that apply)

**Definitions:** PHF: Potentially hazardous food(time/temperature controls required)  
Non-PHFs: 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-PHFs	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs for Hot and Cold Holding for Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<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-PHF 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-PHFs	<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"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

*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 590.000 and the federal Food Code.*

**Signature of Applicant:** \_\_\_\_\_

*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.*

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_