



Town of Athol
Food Establishment Permit Application



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):														
Establishment Owned By: An association _____ A corporation _____ An individual _____ A partnership _____ Other legal entity _____	If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border: none;"><tr><td style="text-align: center;"><u>Name</u></td><td style="text-align: center;"><u>Title</u></td><td style="text-align: center;"><u>Home Address</u></td></tr><tr><td colspan="3"><hr/></td></tr><tr><td colspan="3"><hr/></td></tr><tr><td colspan="3"><hr/></td></tr></table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<hr/>			<hr/>			<hr/>		
<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<hr/>														
<hr/>														
<hr/>														
Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)														
Name & Title:														
Address:														
Telephone #:	Fax #:	Emergency Telephone #:												
District or Regional Supervisor (if applicable)														
Name & Title:														
Address:														
Telephone #:	Fax #:													
Establishment has: 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 & Allergen Awareness:</u>														
(Please attach copies of certificates)														
Person Trained In Anti-Choking Procedures (if 25 seats or more): ____ Yes ____ No														
(Please attach copies of certificates)														



Town of Athol

Food Establishment Permit Application



Public Health
Prevent. Promote. Protect.

Super Store (Over 10,000 sq. feet) \$75 per Department ___ Bakery ___ Deli ___ Fish ___ Produce ___ Hot/Cold Bar ___ Retail _____ \$ Total	Food Establishment \$150: ___ Food Service Institution \$125: ___ Caterer \$150: ___ Food Establishment \$75: ___ Limited Operation \$75: ___ Pre-School \$100: ___ Mobile Units Retail \$75 ___ Pre-Packaged Foods \$50 ___ Limited Retail (Less than 10 sq. feet) Only non-PHF's prepackaged foods & drinks	Payment is due with application Please make checks payable to: "Town of Athol"
--	--	---

Food Operations: (check all that apply)		
Definitions: <u>PHF</u> : Potentially hazardous food(time/temperature controls required) <u>Non-PHF's</u> : Non- potentially hazardous food (no time/temperature controls required) <u>RTE</u> : Ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)		
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<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-PHF'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"/> 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: _____