



**Town of Athol
Board of Health**

584 Main Street Athol, Massachusetts 01331
978-249-7934
978-249-0134 (Fax)
boh@townofathol.org



Public Health
Prevent. Promote. Protect.

**Food Establishment Permit Application
Frozen Dessert Manufacturer
Fee: \$50.00 Annually Payable to the Town of Athol**

Date of Application: _____

Business Information

Establishment Name: _____

Establishment Address: _____

Mailing address: _____

Telephone: _____ Fax: _____

Email: _____

Applicant/Owner Information

Applicant Name: _____ Title: _____

Applicant Address: _____

Telephone: _____ Email: _____

Owner Name & Title (if different from applicant): _____

Address: _____

Establishment Owned by:

Assoc Corporation Individual Partnership Other: _____

Corporation or Partnership Information

If a corporation or partnership, please provide the information below for officers or partners.

Name	Title	Home Address

Name	Title	Home Address

Daily Operations Information

Please provide the information below for the person in charge of daily operations.

Name	Title	Home Address
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Telephone Number	Emergency 24/7 Telephone Number
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Operations Information

Water Source: _____ Sewage Disposal: _____

Number of Frozen Dessert, Freezing/Dispensing Machines: _____

Person in Charge of Certified Food Production Management:
(Required as of 10/01/2000 in accordance with 105 CMR 590.003(A))

Name	Title
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Certified Lab for Monthly Testing:

Name: _____

Address: _____

Telephone: _____

*****MONTHLY TEST TO BE SUBMITTED TO THE ATHOL BOARD OF HEALTH*****

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 laws. I have been instructed by the Athol Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature	Date
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Pursuant to MGL C62C, S49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State tax returns and paid State taxes required under law.

Signature	Date
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FID #: _____