



Board of Health
TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852

Application for a Permit to Operate a Food Establishment

Date: _____

For Office Use Only:

Permit Fee: _____ **Received:** _____ **Permit Number:** _____

Select One: ☐ New Food Establishment; ☐ Renewal of Previously Issued Permit; ☐ Updating Information

Establishment Information:

Name: _____

Address: _____

Mailing Address if Different: _____

Primary Telephone: _____

Owner Information:

Establishment Owned By: ☐ An Association; ☐ An Individual; ☐ A Partnership *; ☐ A Corporation *; ☐ Other Legal Entity _____

Owner(s) of Establishment: _____

Primary Telephone: _____

Email Address: _____

Mailing Address: _____

Emergency Contact Name: _____ **Telephone:** _____

Emergency Contact Email Address: _____

* If this is a corporation or a partnership, give the name, title, and home address of the office or partners:

Name	Title	Address

Permit Details:

Duration of Permit *(please select one)*: ☐ Annual; ☐ Seasonal: _____

Dates

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Operations Performed: ☐ Food Service; ☐ Retail Food; ☐ Residential Kitchen for Retail Sale;

☐ Mobile/Pushcart; ☐ Other: _____

Establishment Details:**This Establishment Prepares:**

<input type="checkbox"/> Time/Temperature Control for Safety Food to order upon a customer's request	<input type="checkbox"/> Time/Temperature Control for Safety Food in advance in quantities based on projected consumer demand and discards food that is not sold	<input type="checkbox"/> Time/Temperature Control for Safety Food using time as the public health control as specified under §3-501.19
<input type="checkbox"/> Time/Temperature Control for Safety Food prepared in advance using a preparation method that involves two or more steps	<input type="checkbox"/> Food prepared as specified under subparagraph (C)(2)(b) of the Massachusetts Food Code for delivery to and consumption at a location off the premises of the food establishment	<input type="checkbox"/> Food prepared as specified under subparagraph (C)(2)(b) of the Massachusetts Food Code for service to a highly susceptible population
<input type="checkbox"/> Food that is not time/temperature control of safety food	OR <input type="checkbox"/> This establishment does not prepare but offers for sale only prepackaged food that is not time/temperature control for safety food	

Water Source: _____

Sewage Disposal: _____

Personnel Details**Individual Directly Responsible for Day-to-Day Operations of the Food Establishment:**

Name: _____ **Title:** _____

Telephone: _____ **Email Address:** _____

Mailing Address: _____

Direct or Regional Supervisor (if applicable):

Name: _____ **Title:** _____

Telephone: _____ **Email Address:** _____

Mailing Address: _____

Certified Food Manager's Full Name	Certificate Number	Hours of Work/Week



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Please attach a copy of certifications for all Certified Food Managers.

Full Name of Employee Trained in Allergens Awareness	Certificate Number	Hours of Work/Week

Please attach a copy of Allergens Awareness Certificates for all certified.

If your establishment has greater than 25 Seats – Does the establishment have a person trained in anti-choking procedures? ☐ Yes ; ☐ No

Please List them Here: _____

Please attach a copy of all choke-save certificates.

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.

Signature of Applicant: _____

If there is a change in:

- a) The ownership;
- b) The name of the emergency contact person;
- c) The telephone number or email address of the emergency contact person;
- d) The corporate officers or their address;
- e) The list of Certified Foods Managers;
- f) The Certified Food Manager's work status as full time, part time, or volunteer service

I agree to notify, in writing, the Board of Health when such changes take effect.

Signature of Applicant: _____

Before submitting your application, please ensure the following materials have been submitted:

- ☐ A complete menu or product listing (*only required for new establishments or if there has been a significant menu change*)
- ☐ A copy of the certificates for each of the following:
 - ☐ Certified Food Manager
 - ☐ Allergen Awareness
 - ☐ Choke Save (*if establishment has 25 seats or more*)
- ☐ Permit Fee as outlined in the Sherborn Food Permit Fee Schedule