



# Town of Abington

OFFICE OF  
**BOARD OF HEALTH**  
500 GLINIEWICZ WAY  
ABINGTON, MA 02351  
TEL.: (781) 982-2119 · FAX: (781) 982-2127  
www.abingtonma.gov

Office use only  
Date received: \_\_\_\_\_  
Amount paid: \_\_\_\_\_  
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Permit number: \_\_\_\_\_  
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## FOOD ESTABLISHMENT PERMIT APPLICATION

- 1) Establishment Name: \_\_\_\_\_
- 2) Establishment Address: \_\_\_\_\_
- 3) Establishment Mailing Address (if different): \_\_\_\_\_
- 4) Establishment Telephone Number: \_\_\_\_\_
- 5) Applicant Name & Title: \_\_\_\_\_
- 6) Applicant Address: \_\_\_\_\_
- 7) Applicant Telephone Number: \_\_\_\_\_ 24 Hour Emergency Number: \_\_\_\_\_
- 8) Applicant E-mail: \_\_\_\_\_
- 9) Owner Name & Title (if different from applicant): \_\_\_\_\_

10) Owner Address (if different from applicant): \_\_\_\_\_

- 10) Establishment Owned by:
- An association
  - A corporation
  - An individual
  - A partnership
  - Other legal entity \_\_\_\_\_

11) If a corporation or partnership, give name, title, and home address of officers or partner.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

### 12) Establishment Type (check all that apply):

- |   |       |  |       |
|---|-------|--|-------|
| <input type="checkbox"/> Retail Food                | \$200 | <input type="checkbox"/> Food Establishment..... 0-25 seats  | \$175 |
| <input type="checkbox"/> Mobile Food..... Annual    | \$125 | <input type="checkbox"/> ..... 26-50 seats                   | \$200 |
| <input type="checkbox"/> ..... Seasonal             | \$75  | <input type="checkbox"/> ..... 51-75 seats                   | \$225 |
| <input type="checkbox"/> Catering..... Annual       | \$200 | <input type="checkbox"/> ..... 76 + seats                    | \$250 |
| <input type="checkbox"/> ..... Per event            | \$75  | <input type="checkbox"/> Frozen Dessert Machine              | \$20  |
| <input type="checkbox"/> Temporary Food (per event) | \$50  | <input type="checkbox"/> Bottling of Non-alcoholic Beverages | \$50  |
| <input type="checkbox"/> Farmers Market (per event) | \$50  | <input type="checkbox"/> Bakery                              | \$100 |
| <input type="checkbox"/> Residential Kitchen        | \$75  | <input type="checkbox"/> House of Worship Kitchen            | \$100 |
| <input type="checkbox"/> Juice Manufacturing        | \$100 |  |       |

**Note: LATE applications will be charged DOUBLE the fee.**

**MAKE CHECK PAYABLE TO: TOWN OF ABINGTON \$ \_\_\_\_\_**  
**PAYMENT DUE WITH APPLICATION — NO CASH CAN BE ACCEPTED.**

### 13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):

Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Emergency Number: \_\_\_\_\_

### 14) District or Regional Supervisor (if applicable):

Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Food Establishment Information**

**15) Name of Person in Charge Certified in Food Protection Management:** \_\_\_\_\_  
*Local Board of Health Regulation states that a Certified Food Protection Manager must be on site during all shifts. (Please attach copies of all certificates)*

**16) Allergen Awareness:** (applies to “all food establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises.”)

Food allergen poster and menu advisory requirements in place (check one):       Yes       No  
*Required as of 10/1/2010 in accordance with 105 CMR 590.009(H)*

Food Allergen Awareness Training Certificate obtained (check one):       Yes       No  
*Required as of 2/1/2011 in accordance with 105 CMR 590.009(H) (Please attach copy of certificate)*

**17) Water Source:** \_\_\_\_\_ **18) Sewage Disposal:** \_\_\_\_\_  
DEP Public Water Supply No. (if applicable): \_\_\_\_\_

**18) Days and Hours of Operation:** \_\_\_\_\_ **20) No. of Food Employees:** \_\_\_\_\_

**19) Person Trained in Anti-Choking Procedures** (if 25 seats or more):       Yes       No

**20) Location** (check one):       Permanent Structure       Mobile

**21) Length of Permit** (check one):       Annual       Seasonal Dates: \_\_\_\_\_       Temporary/Dates/Time: \_\_\_\_\_

**22) Restaurant/Food Service:** Total # of Seats \_\_\_\_\_

**23) Mobile Food Units/Pushcart:** Application for mobile food units or pushcarts must include a list of handwash and toilet facilities available on each route. Attach a separate sheet.

**24) Extermination – Frequency of Service** (check one):       Weekly       Bi-Monthly       Monthly  
Contractor’s Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**25) Rubbish/Garbage Collection – Frequency of Service** (check one):       Daily       Bi-Weekly       Weekly       Bi Monthly       Monthly  
Private Collection: Contractor’s Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_

**26) Dumpster on Location** (check one):       Yes       No  
Dumpster lid must be closed at all times – locked if necessary. Dumpster/Storage area to be kept clean at all times.

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.

**27) 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.

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

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