



Town of Holbrook
 Board of Health
 50 North Franklin Street
 Holbrook, Massachusetts 02343

Tel: 781-767-3030
 Fax: 781-767-9562

Application for Permit to Operate a Food Establishment

Food Service Fee: \$175.00—No permit shall be issued until fee is received

Retail Fee: \$125.00—No permit shall be issued until fee is received

Date: _____

Name of Establishment: _____

Address of Establishment: _____

Business Phone Number: _____

Type of Establishment: (circle all categories that best describe your business)

School/Daycare	Fast Food/Take Out	Restaurant
Grocery Store	Nursing Home	Caterer
Place of Worship	Convenience Store	Function Hall
Other: _____		

Days & Hours of Operation: _____

Name of Applicant & Phone Number: _____

Name of Owner & Phone Number: _____

Mailing Address (if different from the establishment): _____

If a corporation or partnership, give name, title, address, and phone number of partners: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

For establishments serving food, a plan is in place for excluding and restricting food employees from working if they become ill or they live with a person who is ill with a disease which is transmissible through food. If the employee becomes symptomatic, they will need to be excluded from work. For more information, see FC 2-201.12, Exclusions and Restrictions, (105 CMR 590.003(D)).

- Yes, a plan is in place No, we may need assistance in developing a plan.

Person In Charge (PIC) will, monitor dumpsters, monitor grease waste, work with pest control company.

- Yes, a plan is in place No, we may need assistance in developing a plan.

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If a restaurant:

Number of seats: _____

Person trained in anti-chocking procedures (if 25 seats or more) (Please attach certificate(s)).

Name of person(s) certified in ServSafe and Allergy Safe as required under the Food Code (Please attach certificate(s)). _____

Acknowledgment

I have read the contents of this Food Permit Renewal Application, and I understand and agree to the provisions listed in the document. I understand that no food service-related equipment will be replaced or renovation work will be done before seeking permission from the Holbrook Health Department and Board of Health.

I 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. Pursuant to MGL Ch62C, sec 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Be sure to verify compliance with all Federal, State and Local regulations.

****By signing below, I understand to the above, agree and to the best of my ability comply with the terms**

Name: _____

Signature: _____

Date: _____