How do I apply for a Food Service Permit?

Submit a copy of the Certificate of Occupancy (C.O.) for intended use.
New Operations - Provide a floor plan and request an appointment for plan review.
Submit this Food Service Application to the Health Division.
Provide a copy of your Food Safety Manager Certification or evidence of application.
Pay the proper fees and schedule an initial inspection.

BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVE.
BOSTON, MA 02118
Tel (617) 635-5326 Fax (617) 635-5388

FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	Permit # Issued	Fee

Food Establishment Permit Application

1) Establishment Name:
2) Establishment Address:
3) Establishment Mailing Address (if different):
4) Establishment Telephone No:
5) Applicant Name and Title:
6) Applicant Address:
7) Applicant Telephone No:
8) Owner Name and Title (if different from applicant):
9) 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 partners:

Name: Title: Address:

_____
_____
_____
_____
_____

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
13) District Or Regional Supervisor (*if applicable*)	
Name & Title :	
Address:	
Telephone No:	Fax:

14) Source of Water _____ **Sewage Disposal**	**15) Rubbish Disposal Co.** _____ **Rendering Co. (For Grease)**
16) Days and Hours of Operation:	**17) No. of Food Employees**

18) Name of Person In Charge Certified in Food Protection Management:

Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). *Please attach copy of certificate.*

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

20) Location:

(check one)

☐ Permanent Structure

☐ Mobile

Reg.#: _____

Base of Operation: _____

22) Length of Permit:

(check one)

☐ Annual

☐ Seasonal/Dates

_____

☐ Temporary/Dates/Time

_____

21) Establishment Type *(check all that apply)*

☐ Retail (sq.ft)

☐ Food Service (Seats)

☐ Food Service-Takeout

☐ Food Service-Institution

(Meals/Day)

(Beds)

☐ Caterer

☐ Food Delivery

☐ Residential Kitchen for Retail Sale

☐ Residential Kitchen for Bed and Breakfast Home

☐ Residential Kitchen for Bed and Breakfast Estab.

☐ Frozen Dessert Manufacturer

Other *(Describe):*

_____

_____

23) Food Operations:
(check all that apply):

Definitions: ***PHF-potentially hazardous food (time/temperatures controls required)***
Non-PHF's-non-potentially hazardous food (no time/temperature controls required)
RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

☐ Commercially Pre-Packaged Non-PHF's	☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
☐ Commercially Pre-Packaged PHFs	☐ Preparation of PHFs For Hot And Cold Holding For Single Meal Service	
☐ Preparation of Non-PHFs	☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer	☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Reheats Commercially Processed Food for service within 4 hours	☐ Customer Self-Service	
☐ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	☐ Ice Manufactured and Packaged for Retail Sale	☐ Vacuum Packaging/Cook Chill
☐ Delivers Food Within 1 Hour of Preparation	☐ Juice Manufactured and Packaged for Retail Sale	☐ Use Of Process Requiring a Variance and/or HAACP Plan
Other (Describe): _____ _____	☐ Offers RTE PHF in Bulk Quantities	☐ Offers Raw or Undercooked Food of Animal Origin
	☐ Retail Sale of Salvage, Out-of Date or Reconditioned Food	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service

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 1999 Food Code.

24) 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.

25) Social Security Number or Ferderal ID: _____

26) Signature of Individual or Corporate Name: _____