

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED _____

INSPECTION _____

APPROVED BY _____

PERMIT # _____

TOWN OF SEEKONK

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted 30 days prior to planned opening date)

Establishment Name:
Establishment Address:
Mailing Address (If different):
Establishment Phone #:
Applicant Name & Title:
Applicant Address:
Applicant Phone #: 24 Hour Emergency
Owner Name & Title(if Different)
Owner Address (if different):

Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity	If a corporation or Partnership, give name, title, and home address of officer or partners <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title</th> <th style="width: 40%;">Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Address												
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Person Directly Responsible for Daily Operations,(Owner, Supervisor, Manager)

Name & Title	
Address:	
Telephone	
Emergency #	Email Address:
District or Regional Supervisor	
Name & Title	
Address:	
Telephone	
Emergency #	Email Address:
Water Source	Sewage Disposal:
Dep Public Water Supply No: (if applicable)	

Is the facility equipped for a power outage with an emergency automatic generator? _____

EXPIRES: December 31, 2017

Please complete the back of the application

Food Establishment Information

Days and Hours of Operation:		No: of Food Employees	
Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A)</i> <i>Please attach a copy of the certificate</i>			
Person Trained in Anti-Choking Procedures (if 25 seats or more)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq Ft) <input type="checkbox"/> Food Service - (Seats) <input type="checkbox"/> Food Service - Take Out <input type="checkbox"/> Food Service - Institution (meals- Day) Other (Describe) <input type="checkbox"/> Common Victualler <input type="checkbox"/> Bakery <input type="checkbox"/> Mobile Food	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishment	
Length of Permit <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Date/Time			
Food Operations Definitions: PHF- potentially hazardous food (time/temperature controls required) (Check all that apply): Non-PHF - non potentially hazardous food (no time/temperature controls required) RTE - ready to eat foods (Ex. Sandwiches, salads, muffins, which need not further processing)			
<input type="checkbox"/> Sale of Commercially Pre-Package Non-PHFs	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	
<input type="checkbox"/> Sale of Commercially Pre-Package PHFs <input type="checkbox"/>	<input type="checkbox"/> Preparation of PHFs For Hot & Cold Holding for a Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Deliver of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended To Be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service Within 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as public health control)	
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or uncooked Food of Animal Origin	
<input type="checkbox"/> Preparation of Non-PHFS	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events for Catered Events or Institutional Food Services	
<input type="checkbox"/> Other Describe:	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities Retail Sale of Salvage, Out of Date Or Reconditioned Foods	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application	

I, the undersigned, attest to the accuracy of the information provided in the application and I affirm that the food establishment operation will comply with 105 CMR

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.

Social Security Number or Federal ID: _____

Signature of Applicant or Corporate Officer _____