

Methuen Health Department  
 Quinn Building – 90 Hampshire Street  
 Methuen, MA 01844  
 Telephone: (978) 983-8655 Fax: (978) 983-8988

<b>Fee: *Total (s)</b>	<b>Expires:</b>
<b>Late Fee: \$10.00/day</b>	<b>Annually</b>
<b>Date Paid:</b>	<b>Permit: #</b>

### APPLICATION FOR A FOOD ESTABLISHMENT PERMIT

**FOOD ESTABLISHMENT NAME AND LOCATION**

Name:		Telephone:	
ADDRESS: Street name and number		City:	State and Zip Code:
E-MAIL ADDRESS:			

**TYPE OF ESTABLISHMENT: (check all that applies) \* Note: (Add all boxes checked to the above total Permit Fees)**

<p><b><u>Retail Food</u></b></p> <p><input type="checkbox"/> Food Counter \$ 60.00</p> <p><input type="checkbox"/> Food Pharmacy \$135.00</p> <p><input type="checkbox"/> Food Store \$160.00</p> <p><input type="checkbox"/> Food in Dept. Store \$185.00</p> <p><input type="checkbox"/> Food Supermarket \$400.00</p> <p><input type="checkbox"/> Food Processing Warehouse \$300.00</p> <p><input type="checkbox"/> Package Store \$ 60.00</p>	<p><b><u>Food Service</u></b></p> <p><input type="checkbox"/> Up to 25 Seats \$125.00</p> <p><input type="checkbox"/> 26-50 Seats \$150.00</p> <p><input type="checkbox"/> 51-199 Seats \$200.00</p> <p><input type="checkbox"/> 200 &amp; over Seats \$325.00</p> <p><b><u>Plan Review</u></b></p> <p><input type="checkbox"/> <b>New</b> Construction \$80.00</p> <p><input type="checkbox"/> <b>Upgrades/Renovations</b> \$80.00</p> <p><input type="checkbox"/> Plan Review Revision \$50.00</p>	<p><b><u>Catering</u></b></p> <p><input type="checkbox"/> Catering License \$150.00</p> <p><b><u>Mobile</u></b></p> <p><input type="checkbox"/> Mobile Food/Cart \$100.00</p> <p><input type="checkbox"/> Ice cream Truck \$ 60.00</p> <p><b><u>Other:</u></b></p> <p><input type="checkbox"/> Residential Kitchen \$ 80.00</p> <p>Non-Profit \$ 75.00</p> <p>Concession Stands (3) \$375.00</p>
<p><b><u>Milk</u></b></p> <p><input type="checkbox"/> Milk \$ 15.00</p> <p><input type="checkbox"/> Pasteurization \$175.00</p>	<p><b><u>Ice Cream</u></b></p> <p><input type="checkbox"/> Manufacturer Frozen Dessert Machine \$ 45.00</p> <p><input type="checkbox"/> Seasonal Ice cream Stand \$135.00</p>	<p><b><u>Bakery</u></b></p> <p><input type="checkbox"/> Standalone \$175.00</p> <p><input type="checkbox"/> Part of Food Establishment \$125.00</p> <p><input type="checkbox"/> Kiosk \$ 75.00</p>

**ON-SITE MANAGER**

Full Name:		Telephone:	
MAILING ADDRESS: Street name and number		City:	State and Zip Code:

E-MAIL ADDRESS:

**OWNER OF FOOD ESTABLISHMENT (Provide owner's home address if sole proprietor)**

Full Name		Telephone:
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____		
MAILING ADDRESS: Street name and number	City	State and Zip Code
E-MAIL ADDRESS:		

If a corporation or partnership give names, titles and home addresses of officers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**District/Regional Manager**

Name:		Telephone:
MAILING ADDRESS: Street name and number	City:	State and Zip Code:
E-MAIL ADDRESS:		

**DAYS AND HOURS OF OPERATION**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

**DATES OF OPERATION IF NOT ANNUAL:** \_\_\_\_\_

If FOOD SERVICE ESTABLISHMENT Total number of seats:	
Number of Food Employees:	
If FOOD SERVICE ESTABLISHMENT is there one or more persons on duty at all times trained in choke saving techniques?	Yes _____ No _____ Expiration Date: _____
If MOBILE FOOD UNIT - give the name, address and telephone number of your Base of Operations. Include a list of handwashing/toilet facilities on route. <b>License Plate #</b>	
<b>All FOOD ESTABLISHMENTS include copies of Food Manager</b>	

<b>Certification for all employees who are certified:</b>	
FOOD TO BE SERVED: (list all items or attach menu)	
Name, address and telephone number of a person to contact in case of emergency.	
Rubbish hauler name, address and phone number.	
Water Supply Source.	
Sewage Disposal Method.	
Grease co. name, address and phone number.	
Septic hauler name, address and phone number.	
Pesticide applicator name and address.	

<b>Food Operations: (Check all that apply)</b>	<b>Definitions:</b> <b>PHF</b> – Potentially hazardous food (time/temperature controls required) <b>RTE</b> - ready-to-eat foods (EX, sandwiches, salads, muffins which need no further processing)	<b>Non- PHFs</b> – non-potentially hazardous food (no time/temperature controls needed)
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<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 Packaged PHF's	<input type="checkbox"/> Preparation of PHFs for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE foods prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery 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 a HACCP Plan (including bare hand contact alternative, time as public health contact
<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"/> Offer Raw or Undercooked Food of a Origin
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities Retail Sale of Salvage, Out-of-Date or Reconditioned Food	<input type="checkbox"/> Prepares Food/Single Meals for Catering Events or Institutional Food Service
<input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk-Quantities Retail Sale of Salvage, Out-of Date or Reconditioned Food	Total Permit Fee: Payment is due with Application

I understand that I must comply with the Board of Health regulations governing food establishments and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency. I have obtained a copy of 105 CMR 590.000.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	
Signature of Individual:	Date Signed:
If applicable - Corporate Name:	Signature of Corporate Officer:

	Title:
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Payment shall accompany this application and please make the check or money order payable to the "City of Methuen".