



Rajit Gupta, MPH, RS, CP-FS
Director of Public Health

Board of Health

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Food Establishment Plan Review Application

CHANGE IN MENU, EQUIPMENT, OPERATIONS, OR RENOVATIONS

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.008 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** and all paperwork has been submitted to the Ashland Board of Health.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date _____

NO CHANGE IN MENU, EQUIPMENT, OPERATIONS, OR RENOVATION IS PERMITTED IN FOOD ESTABLISHMENTS UNLESS APPROVED BY THE ASHLAND BOARD OF HEALTH.

For Office Use Only:	
▪ Application Accepted by Board of Health Date:	
▪ Initial Review Date:	Complete / Incomplete Application
▪ Application Resubmitted Date:	Complete Application
▪ Application Approval Date:	
Reviewer's Signature:	

Required Information to begin Plan Review Process:

1. Completed Food Establishment Plan Review Application for Change in Menu, Equipment, Operations, or Renovation.
2. Include the following items with the completed application:
 - Floor plan drawn to scale shows location of all/new equipment to determine food flow
 - Site plan, outside of establishment showing location of all equipment & refuse storage
 - Manufacturer's specification sheet(s) and equipment key for all equipment, all equipment must be NSF, AMSE, or ANSI certified
 - Menu with Consumer Advisory and Food Allergen Awareness, include all new proposed menu items
 - Check for the plan review fee, payments shall be made to the "Town of Ashland".
 - No Fee required for changes to menu and/or equipment
 - Food Plan Review Fee for Minor Renovations/Change in Operations: \$ 50.00
 - Food Plan Review Fee for Major Renovations: \$100.00
3. Letter from Board of Health approving the submitted application for change in menu, equipment, or operations. The letter will allow for change in menu plan, equipment, or operations. No menu changes, equipment changes, or operations changes are allowed without this letter.

Please call the Ashland Board of Health Office, Director/Agent Rajit Gupta, 508-532-7922.

A preoperational inspection of the proposed equipment, menu changes, or operations will be necessary to determine compliance with the local and state laws governing food service establishment.

ASHLAND BOARD OF HEALTH
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT
REVIEWER'S COMMENTS

Reviewer's Comments: (Note why any item was "unacceptable.")

Reviewer's Signature

Date

Reviewer's Title

Approval: _____

Date _____

Disapproval: _____

Date _____

Reason(s) for disapproval:
