



Town of Ashland, *Board of Health*

Application for a Permit to Operate a Food Establishment

Check one: New _____ Renewal _____ Updating Information _____

Today's Date: _____ Date of Event (if one-day event) _____

Establishment Name: _____

Establishment Address: _____

Establishment Telephone: _____

Owner Information (NOTE: Any Change of Ownership requires new permit filing)

Owner(s) of Establishment: _____

If you own other Food Establishments in Massachusetts, please list Town(s) _____

Mailing Address if Different from Above: _____

Owner's Email Address(es): _____

Telephone Numbers (C) _____ (H) _____ (ALT) _____

Emergency Contact Person / Phone: _____

Emergency Contact Person's Email Address: _____

If this is a Corporation or Partnership, give name, and home address of the officers or partners.

Name	Title	Address
_____	_____	_____
_____	_____	_____

State of Corp. _____

Type of Establishment: Fee

Duration of Permit

Retail Food _____

Annual _____

Food Service _____

Transfer _____

Caterer _____

Temporary _____

Mobile Food* _____

Seasonal _____

Total Fee: _____

Payment is due with the completed application form.

Please make checks payable to Town of Ashland.

***Permits for mobile food units or pushcarts must include a list of hand wash and toilet facilities available on each route. Attach separate sheet.**



Establishment Information

Water Source: _____

Sewage Disposal: _____

Days and Hours of operation

Days of the week	Operating Hours	Total Hours of operation per day
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total number of hours per week		

Number of Seats: _____ Square Footage: _____

Including all displays, sales areas, storage, and processing area.

Does the establishment have person(s) trained in Anti-choking procedures (if 25 seats or more) Yes _____ No _____

If **yes**, list below the name (s) of the trained staff(s) and number of hours they work at this establishment and the total number of hours covered by all anti choke trained staff:

#	Full name of the staff trained in anti-Choking	Number of hours of work per week
1		
2		
3		
4		
5		
Total number of hours covered by all of the staffs trained in anti-choking procedure per week. This must be at least equal to the total number of operating hours per week. Submit copies of the proof for anti-choke training.		

List the Names and details of Certified Food Managers who are registered with Ashland Board of Health. Minimum Requirement: One person onsite with greatest hours in work or volunteer position.

#	Certified Food Manager's Full Name	Certificate #	Employment / Volunteer status at this establishment Full Time/ Part Time/ Volunteer	indicate the number of hours of work /week
1				
2				
3				
4				
5				
6				
Total number of hours per week covered by all of the CFM's at this establishment				
What percentage of the weekly hours of business is covered by the CFMs at the establishment				

Attach additional sheets for additional listing of Certified Food Managers

If there is a change in:

- a) ***The ownership;***
- b) ***The name of the emergency contact person;***
- c) ***The telephone number or email address of the emergency contact person;***
- d) ***The corporate officers or their address;***
- e) ***The list of Certified Foods Managers;***
- f) ***The Certified Food Manager's work status as full time or part time, or volunteer service:***

***You agree to notify in writing to the Board of Health when such changes take effect.**

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

Signature of Individual or Corporate Officer

This form needs to be submitted along with the attached statement from each Certified Food Manger(s) who has been contracted to work or volunteer at this establishment. Any additional CFM who are contracted to work or volunteer shall fill in the statement and submit it to the Ashland Board of Health as and when they are contracted by this food establishment.