



Town of Franklin

HEALTH DEPARTMENT
 355 East Central Street
 Franklin, Massachusetts 02038-1352
 p. 508-520-4905 f. 508-520-4989

NEW: Y or N
 RENEWAL: Y or N
 CALENDAR YEAR: _____
 FEE AMOUNT: \$200.00

Permit # _____

FOOD ESTABLISHMENT PERMIT APPLICATION 1 – 49 seats

(Application must be submitted at least 30 days before the planned opening date)

1	Establishment name:		
2	Establishment address:		
3	Establishment mailing address (if different):		
4	Establishment telephone number:		
5	Applicant name and title:		
6	Email of licensing individual (Required):		
7	Applicant address:		
8	Applicant telephone number:		
9	24 hour emergency number:		
10	Owner name & title (if different from applicant):		
11	Owner address:		
12	Establishment owned by (check one):		
	<input type="checkbox"/> An association	<input type="checkbox"/> An individual	<input type="checkbox"/> Other legal entity
	<input type="checkbox"/> A corporation	<input type="checkbox"/> A partnership	
If corporation or partnership; give name, title, and home address of officers or partner(s):			
	Name	Title	Home address
14	Person directly responsible for daily operations (Owner, person in charge, supervisor, manager, etc)		
	Name & title:		
	Address:		
	Telephone number	FAX	
	Emergency telephone number		
15	District or regional supervisor (if applicable)		
	Name & title:		
	Address:		
	Telephone number	FAX	

Food Establishment Information			
16	Water source: DEP Public Water Supply No. if applicable	17	Sewage disposal:
18	Days/hours of operation:	19	Nbr food employees:
20	Name of person in charge certified in Food Protection Management: (Required as of 10/1/2001 in accordance with 10 CMR 590.003(A) Attach copy of certificate)		
21	Person trained in Anti-choking Procedures <input type="checkbox"/> Yes <input type="checkbox"/> No		
22	Location (check one): <input type="checkbox"/> Permanent structure <input type="checkbox"/> Mobile	23	Length of permit (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (dates)
24	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) <input type="checkbox"/> Caterer	<input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail sale <input type="checkbox"/> Residential Kitchen for Bread and Breakfast home	<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> Other (Describe)
25	Food Operations (check all that apply)	Definitions: PHF – Potentially hazardous food (time/temperature controls required) Non-PHF – Non-Potentially hazardous food (no time/temperature controls required) RTE – Ready to eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
	<input type="checkbox"/> Sale of commercially pre-packaged non-PHF's <input type="checkbox"/> Sale of commercially pre-packaged PHF's <input type="checkbox"/> Delivery of packaged PHF's <input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours <input type="checkbox"/> Customer self-service of non-PHF and non-perishable foods only <input type="checkbox"/> Preparation of non-PHF's <input type="checkbox"/> PHF cooked to order <input type="checkbox"/> Preparation of PHFs for hot and cold holding for single meal service <input type="checkbox"/> Sale of raw animal foods intended to be prepared by the customer <input type="checkbox"/> Customer self-service <input type="checkbox"/> Ice manufactured and packaged for retail sale <input type="checkbox"/> Juice manufactured and packaged for retail sale	<input type="checkbox"/> Offers RTE PHF in bulk quantities <input type="checkbox"/> Retail sale of Salvage, Out of Date, or Reconditioned food <input type="checkbox"/> Hot PHF cooked and cooled or Hot Held for more than a single meal service <input type="checkbox"/> PHF and RTE foods prepared for high susceptible population facility <input type="checkbox"/> Vacuum packing/Cook Chill <input type="checkbox"/> Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative time as a public health control) <input type="checkbox"/> Offers raw or undercooked food of animal origin <input type="checkbox"/> 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 Health Dept. on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certified 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 individual or Corporate Name: _____