



Town of Franklin

HEALTH DEPARTMENT
 355 East Central Street
 Franklin, Massachusetts 02038-1352

NEW _____

RENEWAL _____

PERMIT # _____

FEE: \$ 150.00

FOOD ESTABLISHMENT PERMIT APPLICATION

(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 nbr:		
5)	Applicant name and title:		
6)	Applicant address:		
7)	Applicant telephone nbr:		
8)	24 hour emergency nbr:		
9)	Owner name & title (if different from applicant):		
10)	Owner address:		
11)	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
12)	Person directly responsible for daily operations (Owner, person in charge, supervisor, manager, etc)		
	Name & title		
	Address		
	Telephone nbr	Fax	
	Emergency telephone nbr		
13)	District or regional supervisor (if applicable)		
	Name & title		
	Address		
	Telephone nbr	Fax	

Food Establishment Information		
14) Water Source: DEP Public Water Supply No (if applicable)		15) Sewage disposal:
16) Days/hours of operation:		17) Nbr of food Employees:
18) Name of person in charge certified in Food Protection Management: (Required as of 10/1/2001 in accordance with 105 CMR 590.003(A)) Attach copy of certificate		
19) Person trained in Anti-choking Procedures (if 25 seats or more) Yes <input type="checkbox"/> No <input type="checkbox"/>		
20) Location (check one): <input type="checkbox"/> Permanent structure <input type="checkbox"/> Mobile	21) Length of permit (check one): <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary – Dates/times:	
22) Establishment type (check all that apply):		
<input type="checkbox"/> Retail (____ sq ft) <input type="checkbox"/> Food Service (____ seats) <input type="checkbox"/> Food Service - takeout <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 Bed & Breakfast home	<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> Other (Describe):
23) Food Operations (check all that apply):	Definitions: PHF – potentially hazardous food (time/temperature controls required) Non-PHF's – 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"/> Preparation of PHF's for hot and cold holding for single meal service	<input type="checkbox"/> Hot PHF cooked and cooled or Hot Held for more than a single meal service
<input type="checkbox"/> Sales of commercially pre-packaged PHF's	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer.	<input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility
<input type="checkbox"/> Delivery of packaged PHF's	<input type="checkbox"/> Customer self-service	<input type="checkbox"/> Vacuum packing/Cook Chill
<input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours	<input type="checkbox"/> Ice manufactured and packaged for retail sale	<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"/> Customer self-service of non-PHF and non-perishable foods only	<input type="checkbox"/> Juice manufactured and packaged for retail sale	<input type="checkbox"/> Offers raw or undercooked food of animal origin
<input type="checkbox"/> Preparation of non-PHF's	<input type="checkbox"/> Offers RTE PHF in bulk quantities	<input type="checkbox"/> Prepares food/single meals for catered events or institutional food service
<input type="checkbox"/> PHF cooked to order	<input type="checkbox"/> Retail sale of Salvage, Out of Date, or Reconditioned food	

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 department on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certified under the penalties of perjury that I, to my best knowledge and believe, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of individual or Corporate Name: _____