



Application #

**Town of Stoughton
BOARD OF HEALTH
FOOD ESTABLISHMENT
APPLICATION**

Date: _____

New: fees stated in the application

Application for a permit received after 30 calendar days from the expiration date of the latest permit

Renewal: fees stated in the application

Application for a permit received before or within 30 calendar days from the latest permit

Applicant's Information (*Owner of the Business shall be the applicant*)

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Tel #: _____

Email: _____

Company Name: _____

Title: _____

Corporation Individual Other _____

Association Partnership

If Corporation or Partnership; please complete:

<u>Name</u>	<u>Title</u>	<u>Main Office Address</u> <small>(Address, City, State, Zip)</small>	<u>Phone #</u>	<u>Fax #</u>	<u>Mailing Address</u> <small>(Address, City, State, Zip)</small> <i>If different than the main office address</i>
-------------	--------------	--	----------------	--------------	--

1. _____

2. _____

3. _____

4. _____

State of Incorporation: _____

Initial: _____

Food Establishment Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Tel #: _____
Email: _____

24 Hour Contact Information:

Name: _____
Tel #: _____

Water and Sewer Information:

Water Supply: () Public () Water Supply On-site
Sewage Disposal: () Public () On-site Septic Trash Removal: _____
Grease Hauler Company Name: _____ (N/A indicate if not applicable)
Septic Hauler Company Name: _____ (N/A indicate if not applicable)
Trash Hauler Company Name: _____

Days and Hours of Operation:

() Consistent days and hours _____ - _____, (__:__ - __:__)
Day Day Open & close time
() Variable days and hours
Sun (__:__ - __:__) Mon (__:__ - __:__) Tue (__:__ - __:__) Wed (__:__ - __:__)
Thu (__:__ - __:__) Fri (__:__ - __:__) Sat (__:__ - __:__)

Lab Information: *For manufacture of frozen desert only*

Name: _____
Tel #: _____
Fax #: _____
Email: _____

Food Operations *Check all; (✓) for all that apply, (✗) for all that do not apply*

Definitions:
PHFs: Potentially hazardous food (time/temperature control required)
Non-PHF: Non potentially hazardous food (no time/temperature control required)
RTE: Ready-to-eat foods (e.g. sandwiches, salads, muffin, etc. which need no further processing)
Initial: _____

- () Sale of Commercially Pre-packaged Non-PHF's
- () Sale of Commercially Pre-packaged PHF's
- () Delivery of packaged PHF's
- () PHF's Cooked to Order
- () Preparation of PHF's for Hot and/or Cold Holding for Single Meal Service
- () Hot PHF's Cooked and Cooled or Hot Held for More Than a Single Meal Service
- () PHF's and RTE Foods Prepared for Highly Susceptible Population Facility (e.g. nursing homes, daycare centers)
- () Offers Raw or Uncooked Food of Animal Origin (e.g. undercooked hamburgers, uncooked eggs, sushi, etc.)
- () Sale of Raw Animal Foods Intended to be Prepared by Consumer
- () Reheating of Commercially Processed Foods for Service Within 4 Hours
- () Retail Sale of Service, Out-of-date or Reconditioned Food

Customer Self-Service

- () PHF's
- () Non-PHF's

Food Manufactured and Packaged for Retail Sale:

- () Ice
- () Juice
- () Other Non-PHF's: _____
- () PHF's

Use of Process Requiring a Variance and/or HACCP Plan:

- () Vacuum Packaging
- () Smoking of PHF's as a Way of Preservation
- () Bare Hand Contact Alternative
- () Time as a Public Health Control
- () Other: _____
- () Offers RTE PHF's in Bulk Quantities
- () Prepares Food/Single Meals for Catered Events or Institutional Food Service
- () Other: _____

Initial: _____

Employee Name(s) Certified in Food Safety: _____

Attach copy of certification – Failure to provide a copy of this certification may result in temporary suspension of your Food establishment Permit.

Person Name(s) trained in anti-choking procedures (if 25 seats or more, N/A if < 25 seats):

Insurance is provided for employees trained in anti-choking procedures. () Yes () No

Type of Establishment & Fees: *Check all that apply*

Food establishment application process (plan review)

- New establishment plan review** \$ 100.00
- Establishment revised plan review** \$ 50.00

1) Food Service (0 -24 seats)	\$150.00 <input type="radio"/>
Food Service with 25-100 seats	\$200.00 <input type="radio"/>
Food Service with 101+ seats	\$300.00 <input type="radio"/>
2) Supermarkets/Superstores (for Retail licensing)	\$300.00 <input type="radio"/>
3) Retail Food (limited)	\$150.00 <input type="radio"/>
4) Retail Food with limited food service (0-25 seats)	\$150.00 <input type="radio"/>
5) Bakery	\$150.00 <input type="radio"/>
6) Bakery with limited food service (0-25 seats)	\$200.00 <input type="radio"/>
7) Caterer (Annual)	\$125.00 <input type="radio"/>
8) Caterer (Individual events)	\$ 15.00 <input type="radio"/>
9) Frozen Desserts (manufacturing ice cream, ex. Soft serve)	\$ 50.00 <input type="radio"/>
10) Milk/Cream	\$ 10.00 <input type="radio"/>
11) Farmer’s Market	\$ 75.00 <input type="radio"/>
12) Other _____	\$ <input type="radio"/>

TOTAL \$ _____

Please make checks payable to “Town of Stoughton”

Initial: _____

=====

I understand that I am to notify the Stoughton Board of Health, upon the termination of employee certified food manager.

I understand that I am to notify the Board of Health prior to making any changes to the facility structure/operation (ex. Equipment changes/additions, etc.).

I declare under penalty or perjury all the following: 1) The statements made on the application are true and correct; 2) I have knowingly and willfully made truthful statements and included factual documents in support of this application; 3) I have filed all state tax returns and paid all taxes required under law; 4) I cannot conduct business until the Board of Health Permit is obtained.

Federal Identification Number: _____

Date: _____

Print Name of Individual or Corporate/Corporate Officer: _____

Signature of Individual or Corporate Officer: _____

FOR OFFICE USE ONLY

Payment Type:

Cash Check # _____ Money Order # _____

Date Payment Received: _____

Risk Category: (select one)

1

Retail Food: Establishment small in size (small retail variety shop, chain stores)

2

Food Service: Establishments that prepares food primarily intended to be consumed off premises but has a seating capacity of forty (40) seats or fewer

Retail Food: Establishment small in size that also minimal provides food services (deli operation etc)

3

Food Service: Establishments that have over forty (40) seats

4

Food Service: Establishments that provides food to individuals in health care facilities

Retail Food: Establishment large in size (wholesales clubs, large chain grocery store)

Initial: _____