TOWN OF NORTHFIELD, MASSACHUSETTS

FOOD ESTABLISHMENT / FOOD SERVICES APPLICATION

- ☐ Year-round Establishment  ☐ Seasonal Establishment

***All Food Permits Must Be Submitted No Later Than 30 days in Advance of Opening***

- Name of Establishment:_________________________________________________________ Date:______________
- Business Address:_________________________________________ Business Phone:__________________________
- Mailing Address (if different):__________________________________________________________
- Owner:_________________________________________ Owner’s Phone:__________________________
- Address of Owner:__________________________________________________________
- Name & Title of Applicant (if different from Owner):______________________________

If Corporation or partnership, give name, title & home address of officers or partners.

Name – Title – Home Address – Home Phone:

- Emergency Response Person:

  Name:_________________________ Home Phone:_________________________ Cell Phone:_________________________

- TYPE OF ESTABLISHMENT ( check all that apply):

 ☐ Bakery  ☐ Residential Kitchen
 ☐ Catering  ☐ Retail
 ☐ Food Establishment (Restaurants)  ☐ Special Event / Temporary non – profit
 ☐ Temporary Food Establishment  ☐ School / Camp
 ☐ Frozen Dessert  ☐ Supermarket
 ☐ Mobil Food  ☐ Other: ____________________________________________
ADDITIONAL INFORMATION

Water Source

☐ Town
☐ Well

Sewage Disposal

☐ Town
☐ Private

Grease Trap

☐ YES
☐ NO

- Days & Hours of operation:

- Number of Seats:

- Food being Served:

- Person in charge “PIC” - Trained and certified Food Safety Course, with certificate:

- Food Training Organization and “PIC” certification number:

- Persons Trained in Anti-Choking Procedures (if 25 seats or more) ☐ YES ☐ NO

  How Many? ______

  Please List:

  Name_____________________________________
  Name_____________________________________
  Name_____________________________________
  Name_____________________________________

  *** MUST SUBMIT COPIES OF ANTI-CHOKING CERTIFICATIONS FOR EACH INDIVIDUAL***

- If a Food Establishment / Food Services permit is not paid by February 1st of each year an additional $25.00 late fee will be assessed for each month not paid and the business could be subject to closure. (Voted November 14, 2013)

- Eastern Franklin County Health District has the authority to close any food establishment they feel appropriate and inform the Northfield Board of Health immediately of their actions. (Voted October 24, 2013)

- That after a violation is noted in a Food Establishment/Food Service, the establishment is given a period of time to correct said violation, and the Health Agent commits to re visit after a period of time determined by the Health Agent. If said violation remains uncorrected, each subsequent visit incurs a re-inspection fee of $75.00 per visit until the violation is corrected.
Pursuant to M.G.L. Chapter 62C Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State Taxes required under law.

Signature of Individual or Corporate Name: __________________________________________________________

Corporate Officer (if applicable)

Social Security Number or Federal Identification Number: ____________________________________________

Worker’s Compensation Insurance Affidavit (M.G.L. chap. 152 #25C (6))

I, ____________________________________________ do hereby certify that:

1. □ I am an employer providing the following workers compensation coverage for my employees’
   ________________________________________________________________________________ (Policy # / Insurance Company)

2. □ I am not required to have worker’s compensation insurance under M.G.L. chap. 152, Sect. 25 (c) (6)

* Any applicant that checks #1 above must also fill out the Worker’s Compensation Affidavit.

**PAYMENT IS DUE BY FEBRUARY 1st WITH COMPLETED APPLICATION. Application fee is $95.00 for Year-round permit

**PAMENT IS DUE BY APRIL 1ST WITH COMPLETED APPLICATION. Application fee is $35.00 for Seasonal permit.

Please make check payable to: Town of Northfield

Return application to: Northfield Board of Health
                      69 Main Street
                      Northfield, MA. 01360