

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**

****PAYMENT 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