

**BOARD OF HEALTH
TOWN OF AUBURN**

104 Central Street
Auburn, MA 01501
(508) 832-7703 Fax: (508) 832-4219



**Raymond E. Gauthier, Chairman
Marion D. Howard, Vice-Chairman
Mary V. Paglio, Vice-Chairman**

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

ESTABLISHMENT

Name: _____	E-Mail address _____
Address: _____	Fax: _____
_____	Phone: _____
Mailing Address: _____	_____
_____	Phone: _____

OWNER

Owning entity is a(n): _____ Corporation _____ Partnership _____ Association _____ Individual _____ Other legal entity
Name of owning entity: _____
Responsible person: _____ Title: _____
Address: _____
_____ Phone: _____
Emergency phone number: _____

TYPE OF FACILITY

<input type="checkbox"/> Food service (less than 75 Seats)	<input type="checkbox"/> Bakery
<input type="checkbox"/> Food Service (75 Seats or more)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Mobile Food Server	<input type="checkbox"/> Residential Kitchen
<input type="checkbox"/> Temporary	<input type="checkbox"/> Non profit organization
<input type="checkbox"/> Retail Food (_____ sq. ft)	<input type="checkbox"/> Food storage warehouse
<input type="checkbox"/> Retail vending	
TOTAL DUE: _____	

HOURS OF OPERATION

Monday: _____ to _____	Friday: _____ to _____
Tuesday: _____ to _____	Saturday: _____ to _____
Wednesday: _____ to _____	Sunday: _____ to _____
Thursday: _____ to _____	

PLEASE SEE REVERSE

PERSON IN CHARGE

Name: _____ Age: _____ Food handler training provider (if applicable): _____ Date of training/ refresher: _____ (Please include a copy of Food Handler Certification Training)

PERSON CERTIFIED IN ANTI CHOKING PROCEDURES (If establishment seats over 25)

Name: _____ Anti choking training provider: _____ Date of training _____ Name: _____ Anti choking training provider: _____ Date of training _____
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Number of food service employees: _____

MAINTENANCE

Potable water source ___ Municipal ___ On site well (requires DEP approval) ___ Other Sewerage disposal: ___ Municipal ___ Approved on site ___ Other Chemical sanitizer used: _____ Rodent/ insect control company: _____ Solid waste disposal company: _____ Grease trap maintenance/ pumping: _____
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Copies of 105 CMR 590.000 can be obtained at the State House Book Store at the State House, Boston, MA 02133 (617) 727-2834

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, as applicant, assure agents of the Board of Health access to the licensed/ permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____ Date: _____

Pursuant to MGL Chapter 62C, § 49A, I certify under penalty of perjury that I, to the best of my knowledge, have filed all state tax returns and paid state and local taxes required under law.

Social security number or federal ID number: _____

Signature: _____ Date: _____

Print: _____