



**FOOD ESTABLISHMENT PERMIT
 FOR MELROSE BOARD OF HEALTH USE ONLY**

MAKE CHECKS PAYABLE TO CITY OF MELROSE

Permit is valid June 1-May 31, all applications need to be submitted with payment by May 31st.

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	5) Establishment Fax No:
6) E mail (all correspondence will be via email, you are required to provide an email address):	
7) Owner Name & Title:	
8) Owner Home Address:	
9) Owner Telephone No:	10) 24 Hour Emergency No:
11) Establishment Owned By: Association Corporation Individual Partnership Other, specify:	
12) If a corporation or partnership, give name, title, and home address of officers or partner.	
<u>Name</u>	<u>Title</u>
<u>Home Address</u>	
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	
Emergency Telephone No:	
14) Name of Certified in Food Protection Management (all food establishments) and date of expiration:	
15) Person Trained In Anti-Choking Procedures and date of expiration:	
16) Person Trained in the Allergen Training Procedures and date of expiration:	
17) District or Regional Supervisor (if applicable)	
Name & Title:	

**MELROSE BOARD OF HEALTH, 562 MAIN STREET, MELROSE, MA 02176 (781) 979-4130p, (781) 979-7696f
health@cityofmelrose.org**

Address:	
Telephone No:	Fax:

18) Water Source: DEP Public Water Supply No: <i>(If applicable)</i>	19) Sewage disposal:
20) Days & Hours of Operation:	21) No. of Food Employees:

22) Length Of Permit: <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____	23) Establishment Type <i>(check all that apply)</i> <input type="checkbox"/> All non-profit permits \$0 <input type="checkbox"/> Annual: 0-50 seats \$100 <input type="checkbox"/> Annual: 51-100 seats \$150 <input type="checkbox"/> Annual: 100+ seats \$200 <input type="checkbox"/> Annual: add catering, add \$25 <input type="checkbox"/> Annual: catering only \$100 <input type="checkbox"/> Annual: frozen dessert, add \$40 <input type="checkbox"/> Annual: Incidental \$25 LATE FEE \$50 PER DAY Other (Describe):	<input type="checkbox"/> Temporary \$25 <input type="checkbox"/> Seasonal \$50 + \$25 each additional unit <input type="checkbox"/> Seasonal: Mobile \$75 + \$25 for each additional unit <input type="checkbox"/> Seasonal: Farmer's Market \$0 <input type="checkbox"/> Retail food: 0-9,000 sq ft \$100 <input type="checkbox"/> Retail food: 9,001-30,000 sq ft \$150 <input type="checkbox"/> Retail food: Annual 30,000+sq ft \$350 <input type="checkbox"/> Residential kitchen (including B&B and continental breakfast) \$25 To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application
24) Location: <i>(check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		

25) Food Operations: <i>(check all that apply):</i>	Definitions: TCS - Time and temperature control for safety food required Non-TCSs - (no time/temperature controls required) RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)
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<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-TCSs	<input type="checkbox"/> TCS Cooked To Order	<input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCSs	<input type="checkbox"/> Preparation of TCS's for Hot and Cold Holding for Single Meal Service.	<input type="checkbox"/> TCS and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged TCS	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<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-TCS and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin.
<input type="checkbox"/> Preparation Of Non-TCS	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE TCS in Bulk Quantities	
	<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 board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

26) Signature of Applicant: _____

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

27) Social Security Number or Federal ID: _____

28) Signature of Individual or Corporate Name: _____

Before submitting please be sure to include the following:

- Menu (if any changes)
- Workers compensation form
- Certified Food Manager Certificate
- Allergen Awareness Training Certificate
- Chokesaver Certificate (If applicable)
- Fee made payable to City of Melrose