

New Application

PAYABLE BY CECK OR MONEY ORDER:
Town of Blandford



Blandford Board of Health

1 Russell Stage Road – Ste 9
Blandford, MA 01008
413.848.4279 x401

www.boh@townofblandford.com

IN ACCORDANCE WITH THE STATUTORY AUTHORIZATION MASSACHUSETTS GENERAL LAW 94, THE UNDERSIGNED HEREBY APPLIES FOR: FOOD SERVICE ESTABLISHMENT () RETAIL FOOD ESTABLISHMENT () BAKERY PERMIT () CATERER () MOBILE FOOD/PUSH CART () FOOD SERVICE RESIDENTIAL () FROZEN DESSERT ()

DATE: _____

ESTABLISHMENT NAME: _____ TEL: _____

ADDRESS: _____
STREET CITY ZIPCODE

MAILING ADDRESS: _____
STREET CITY ZIPCODE

OWNER NAME: _____

OWNER ADDRESS: _____

IF CORPORATION/PARTNERSHIP, GIVE NAME, TITLE TELEPHONE NUMBER, AND HOME ADDRESS OF OFFICER OR PARTNERS.

NAME	TITLE	HOME ADDRESS	TELEPHONE

DAYS/HOURS OF OPERATION: _____

FOOD SERVICE ESTABLISHMENT: \$175 FOOD SERVICE RESIDENTIAL \$100

#SEATS _____

STAFF TRAINED IN ANTI- CHOKING PROCEDURE

BAKERY PERMIT \$100

(IF # OF SEATS IS 25 OR MORE)

YES ___ NO ___ IF YES, NUMBER TRAINED ___

FROZEN DESSERT \$40

CATERER \$12

RETAIL FOOD \$175

BASE OF OPERATIONS: _____
LICENSED FOOD ESTABLISHMENT - NAME & ADDRESS

MOBILE FOOD/PUSH CART: ATTACH A LIST OF HAND WASH/TOILET FACILITIES AVAILABLE ON EACH ROUTE.

FULL SERVICE MOBILE TRUCK \$250

HOT DOG (ONLY) CART \$12

BASE OF OPERATIONS: _____
LICENSED FOOD ESTABLISHMENT - NAME & ADDRESS

Blandford Board of Health

Establishment Name: _____ Phone Number: _____

Name of the Certified Food Protection Manager: _____ Phone Number _____

Person in Charge: _____ Phone Number _____

PLEASE ATTACH COPIES FOOD MANAGERS CERTIFICATES)

Water Source:

Public Water Name of Water Company: _____

Well Water Date of Last Analysis: _____
(PLEASE ENCLOSE A COPY OF CURRENT WATER REPORT)

Waste Disposal:

Public Sewer:

Septic System Date of Last Pumping: _____
(PLEASE ENCLOSE A COPY OF YOUR LAST BILL)

I ACKNOWLEDGE THAT RECEIPT AND RETENTION OF THIS PERMIT DEPENDS ON COMPLIANCE WITH THE FDA FOOD CODE. I ATTEST THAT THE ABOVE INFORMAITON IS CORRECT.

PURSUANT OF 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 RETURNS AND PAID ALL STATE TAXES REQUIRED BY LAW.

S.S.N. #/ FEDERAL ID #

CORPORATE NAME/ SIGNATURE OF APPLICANT

NAME OF INDIVIDUAL COMPLETING APPLICATION: _____
Please Print

ADDRESS: _____

TELEPHONE: _____

FOR OFFICIAL USE ONLY – DO NOT WRITE BELOW THIS LINE

Permit Number: _____ Fee Due: _____ Permit Issue Date: _____
