|  |  |  |  |
| --- | --- | --- | --- |
| **Food Estab.** 􀀀 | **Retail Food** 􀀀 | **Bakery/Wholesale**􀀀 | **Non-Profit** 􀀀 |

**Date Received**:

**Town of *Wales***

BOARD OF HEALTH

3 Hollow Road, PO Box 107, Wales, MA 01081Tel: 413-245-7571 x105 Fax:413-245-3261

**Food Establishment Permit Application**

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| --- |
| **1) Establishment Name:**  |
| **2) Establishment Address:**  |
| **3) Establishment Mailing Address (if different):**  |
| **4) Establishment Telephone No: Establishment FAX No:**  |
| **5) Email:**  |
| **6) Applicant Name & Title:**  |
| **7) Applicant Address:**  |
| **8) Applicant Telephone No: 24 Hour Emergency No:**  |
| **9) Owner Name & Title (if different from applicant):**  |
| **10) Owner Address (if different from applicant):**  |
| **11) Establishment Owned By:** An association A corporation An individual A partnership Other legal entity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **12) If a corporation or partnership, give name, title, and home address of officers or partner.** Name Title Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **13) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)**  |
| Name & Title:  |
| Address:  |
| Telephone No:  | Fax:  |
| Emergency Telephone No:  |
| **14) District Or Regional Supervisor (if applicable)**  |
| Name & Title:  |
| Address:  |
| Telephone No:  | Fax:  |
| Name of Person In Charge Certified in Food Protection Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate |

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.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Social Security Number or Federal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Individual or Corporate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE A CURRENT COPY OF SERVESAFE CERTIFICATION FOR PERSON RESPONSIBLE FOR PREAPARING FOOD.**