



Town of Boxford

Board of Health
7A Spofford Road
Boxford, Massachusetts 01921
(978) 887-6000 Ext 172
www.town.boxford.ma.us

Kendell L. Longo
Director of Public Health

Permit # Issued: _____

Food Establishment Permit Application (Application must be filled out completely)

1) Establishment Name:

2) Establishment Address:

3) Name of contact person and address where permit re-newel application is to be mailed:

4) Establishment Tel #: _____ Establishment Fax #: _____

5) Applicant Name & Title:

6) Applicant Home Address:

7) Applicant Home Tel #: _____ Applicant 24 hr Emergency Tel #: _____

8) Owner Name & Title (if different from applicant):

9) Owner Business Address (if different from applicant):

10) Owner Business Tel # (if different from applicant):

11) Owner Home Address (if different from applicant):

12) Owner Home Tel # (if different from applicant): _____

Owner 24 hr Emergency Tel #: _____

13) If corporation or partnership, give title, name & address of officers or partners:

Name Title_Home Address (#,Street,City,State,Zip) Home Tel # _____

24 hr Emergency Tel # _____

14) Person(s) directly responsible for daily operations:

Name Title:

Home Address:

Home Tel #: _____ 24 hr. Emergency Tel #: _____ Fax #: _____

17) Number of seats: _____

18) Number of square feet of establishment: _____

19) Number of Food Employees: _____

20) Names of persons in charge Certified Food Protection Managers (Food Safety Certified) attach copies of all certificates:

21) Names of persons trained in choke saver procedures, there must be one person trained on duty at all times the establishment is open, attach copies of all certificates (applicable to establishments with 25 seats or more):

24) Establishment Type (*check all that apply*):

Retail (packaged foods only): Retail Other: Food Service: Food Service-Take out only:

Food Service-Institution Caterer: Temporary Caterer (per function): Mobile Food:

Residential Kitchen for Bed & Breakfast: Residential Kitchen for Retail Sale (Non-PHF's):

Residential Kitchen for Consumer Sale (Non-PHF's): Function Hall: Non Profit:

Frozen Dessert Manufacturer (a separate permit is required): Milk Processing:

Seasonal (Farmer's Market, etc) Temporary Food Event: Other (describe): _____

Food Operations:

Definitions: PHF-Potentially Hazardous Food (time/temperature controls required)
Non-PHF-Non-potentially hazardous foods (non time/temperature controls required)
RTE-Ready to Eat foods (i.e. sandwiches, salads, muffins, which need no further processing)

Check all that apply:

- Sale of commercially Pre-Packaged Non-PHF's: Sale of Commercially Pre-Packaged PHFs:
- Delivery of Package PHFs: Reheating of Commercially Processed Foods for service within 4 hrs:
- Customer Self-Service of Non PHF & Non-Perishable Foods Only: Preparation of Non PHFs:
- PHF Cooked to Order: Preparation of PHFs for Hot & Cold Holding for Single Meal Service:
- Sale of Raw Animal Foods intended to be prepared by consumer: Customer Self Service:
- Ice Manufactured and Packaged for Retail Sale: Offer RTE PHF in Bulk Quantities:
- Retail Sale of Salvage, Out of Date or Reconditioned Food: Hot PHF cooked and cooled or hot held for more than a single meal service: PHF and RTE foods prepared for highly susceptible population:
- Vacuum Packaging/Cook Chill: Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control: Offer Raw or undercooked food of animal origin:
- Prepares Food/Single Meals for catered events or institutional food service:

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.

Federal ID: OR Social Security Number: _____

Signature of Individual or Corporate Name: _____

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.

(The Board of Health can inform you on how to obtain copies of 105 CMR 590.000 and the Federal Food Code)

For Board of Health use only:

Date received: _____ Current Permit Expires: _____

BOH Comments:

