



Town of Norfolk
Board of Health
1 Liberty Lane
Norfolk, MA 02056

Telephone: (508) 528-7747 Fax: (508) 541-3300
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Food Establishment Permit Application

(Applications must be submitted at least 30 days before the planned opening date)

Establishment Information

Establishment Name: _____
Street Address: _____
Mailing Address: _____
Phone #: _____ Fax#: _____
Email: _____

Owner Information

Owning entity is a (n): Corporation Partnership Association Individual Other entity

Name of owning entity: _____

Contact person: _____ Title: _____

Street Address: _____

Town, State, Zip: _____ Phone #: _____

Person Directly Responsible for Daily Operations: _____

Title: _____ Phone #: _____

24-Hour Emergency Phone Number: _____

Type of Facility

- Food Service (0 – 99 Seats) \$175.00
- Food Service (100-199 Seats) \$200.00
- Food Service (200 Seats and Up) \$250.00
- Residential Kitchen for Retail Sale Only \$100.00
- Retail Food Establishment \$125.00
- Mobile Food Vendor \$100.00
- Caterer \$100.00
- House of Worship \$20.00
- Food Service Establishment-Seasonal (operating 6 months or less) \$50.00
- Bed and Breakfast \$75.00
- One-Day Temporary Food Permit \$25.00

Dates and Hours of Operation

Establishment operates year round

Establishment operates seasonal

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

Mobile Food Units

Attach Copy of Permit for Base of Operations

Attach listing of stops and times in Norfolk

Maintenance

Potable Water Source: Municipal Water On-Site Well

(If on-site well please give DEP Public Water Supply Number) _____

Chemical Sanitizer used: _____

Pest Control Company: _____

Rubbish Removal Company: _____

Solid Waste Disposal Company: _____

Grease Trap Maintenance Pumping Company: _____

(Grease Trap Maintenance Log to be presented to Health Agent at time of inspection)

Certifications

You Must Provide Copies of All certifications listed below

Name (s) of Certified Food Managers: _____

Allergen Awareness Training Certificate Holder (s): _____

Anti-Choking Certification (s) (Establishments with 25 seats or more): _____

Food Operations

(check all that apply)

Definitions:

PHF – potentially hazardous food (time/temperature controls required)

Non-PHF's - non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. sandwiches, salad, muffins which need no further processing)

- Sale of Commercially Pre-packaged Non-PHF's
- Sale of Commercially Pre-packaged PHF's
- Preparation of Non-PHF's
- Reheat commercially processed foods for service within 4 hours
- Customer self-service of Non-PHF and Non-Perishable Foods Only
- Delivery of Package PHF's
- PHF's Cooked to Order
- Preparation of PHF's for Hot and 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
- Juice Manufactured and Package for Retail Sales
- Offers 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
- Vacuum Packaging/Cook Chill
- Use of Process Requiring a Variance and/or HACCP Plan
- Offers Raw or Under Cooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other (Describe)

Signatory Section

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 590.00 and all other applicable laws.

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. **Also, as reminder to keep tags and labels with containers of live molluscan shellfish.**

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

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

Social Security Number OR Federal ID Number: _____

Signature: _____

Print Name: _____ Date: _____

Incomplete applications will be returned, resulting in delay of receipt of permit. Applications are not transferable for any reason. EXPIRATION DATE: June 30th of each year