

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT

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FOOD ESTABLISHMENT PERMIT APPLICATION

(If new establishment, application must be submitted at least 30 days before the planned opening date)

Fee: 2012 renewals pay same fee as 2011 permit Date: _____

1. Establishment Name:
2. Establishment Address
3. Establishment Mailing Address (if different)
4. Establishment Telephone #:
5. Applicant Name & Title:
6. Applicant Address:
7. Applicant Telephone No.:
8. Owner Name & Title (if different from applicant):
9. Owner Address (if different from applicant):

24-Hour Emergency No.:

10. Establishment Owned By:

- An Association; A Corporation; An individual
 A partnership; other legal entity _____

11. If a corporation or partnership, give name, title, and home address of the officers or partner:

Name	Title	Home Address

12. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)

Name & Title:

Address:

Telephone No.:

Fax No.:

E-mail:

Emergency Telephone No.:

13. District or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No.:

Fax No.:

E-mail:

14. Water Source:

DEP Public Water Supply No.: (if applicable)

15. Sewage Disposal:

16. Days and Hours of Operation:

17. No. of Food Employees

NAME OF ESTABLISHMENT: _____

18. 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):

19. Person Trained in Anti-Choking Procedures (if 25 seats or more: Yes No)

NAME: _____

20. Location: (check one)

- Permanent Structure
- Mobile

21. Length of Permit: (check one)

- Annual
- Seasonal/Dates:

- Temporary/Dates/Time:

22. Establishment Type (check all that apply):

- Retail (_____ square feet)
- Food Service – (_____ seats)
- Food Service – Takeout
- Food Service – Institution (_____ Meals per day)
- Caterer
- Food Delivery
- Residential Kitchen for Retail Sale
- Residential Kitchen for Bed and Breakfast Home
- Residential Kitchen for Bed and Breakfast Establishments
- Frozen Dessert Manufacturer
- Other (Describe)

23. Food Operations (check all that apply) – DEFINITIONS:

- **PHF – potential 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, salads, muffins, which need no further processing)**
- Sale of Commercially Pre-Packaged Non-PHF’s
- PHF Cooked to Order
- Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- Sale of Commercially Pre-Packaged PHFs
- Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- PHF and RTE Foods Prepared for Highly Susceptible Population Facility
- Delivery of Packaged PHFs
- Sale of Raw Animal Foods Intended to be prepared by Consumer
- Vacuum Packaging/Cook Chill
- Reheating of Commercially Processed Foods for Service within 4 hours
- Customer Self-Service
- Use of Process Requiring a Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Customer Self-Service of Non PHF and Non-Perishable Foods Only
- Ice Manufactured and Packaged for Retail Sale
- Offers Raw or Undercooked Food of Animal Origin
- Preparation of Non-PHF’s
- Juice Manufactured and Packaged for Retail Sale
- Prepares Food/Single Meals for Catered Events of Institutional Food Service
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvage, Out-of-Date or Reconditioned Food
- Other (Describe):

NAME OF ESTABLISHMENT: _____

***** IF YOU DO NOT RENEW BY JANUARY 1ST, THE FEE WILL DOUBLE *****

***Please do not combine fees for various permits in one check –
(Example – dumpster fees should not be combined with a food permit fee)***

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 Article X of the State Sanitary Code, and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of t 105 CMR 590.000 and the Federal Food Code.

24. **Signature of Applicant:** _____
Signature

Print Name

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

25. **Social Security Number or Federal I.D.#:** _____

26. **Signature of Individual or Corporate Name:** _____
Signature

Print Name