

# Town of Raynham Food Establishment Permit Application

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

<b>1) Establishment Name:</b>														
<b>2) Establishment Address:</b>														
<b>3) Establishment Mailing Address:</b>														
<b>4) Establishment Phone:</b>														
<b>5) Applicant Name &amp; Title</b>														
<b>6) Applicant Address:</b>														
<b>7) Applicant Phone:</b>														
<b>8) Owner Name &amp; Title (if different from applicant)</b>														
<b>9) Owner Address (if different from applicant)</b>														
<b>10) Establishment Owned By:</b>  An Association <input type="checkbox"/>  A Corporation <input type="checkbox"/>  An Individual <input type="checkbox"/>  A Partnership <input type="checkbox"/>  Other Legal Entity <input type="checkbox"/>	<b>11) If a corporation or partnership, give name, title and home address of officers or partner.</b>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Address</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>		Name	Title	Address									
Name	Title	Address												
<b>12) Persons Directly Responsible for Daily Operation (Owner, Person in Charge, Supervisor, Manager Etc.)</b>														
Name & Title:														
Address:														
Telephone #:														
Emergency #:														
Fax:		Email Address:												
<b>13) Regional Supervisor or District (If Applicable)</b>														
Name & Title														
Address & Phone #:														

### Food Establishment Information

<b>14) Water Source:</b>  	<b>15) Sewage Disposal:</b>  
<b>16) Days and Hours of Operation</b>  	<b>17) No. of Food Employees</b>  
<b>18) Name of Person In Charge Certified In Food Protection Management &amp; Allergen Awareness</b>  	<b>22) Establishment Type: Check all that apply</b>  Retail (          Sq. Ft)..... <b>\$125.00</b> <input type="checkbox"/>  Food Service..... <b>\$150.00 + (.50x      Seats)</b> <input type="checkbox"/>  Food Service – Takeout..... <b>\$150.00</b> <input type="checkbox"/>  Gaming Establishment..... <b>\$750.00</b> <input type="checkbox"/> Bakeries..... <b>\$125.00</b> <input type="checkbox"/> Mobile Units..... <b>\$125.00</b> <input type="checkbox"/> Nursing Homes..... <b>\$150.00+(.50 X      per bed)</b> <input type="checkbox"/> Food Service Est. Plan Review Fee..... <b>\$100.00</b> <input type="checkbox"/> Retail Food Service Est. Plan Review Fee. <b>\$50.00</b> <input type="checkbox"/> Preschools, Nurseries, Daycare..... <b>\$125.00</b> <input type="checkbox"/> Residential Kitchen..... <b>\$100.00</b> <input type="checkbox"/> Temporary Food..... <b>\$50.00</b> <input type="checkbox"/> Public, Church, Charity Food..... <b>No Charge</b> <input type="checkbox"/> Supermarkets..... <b>200.00 + \$150.00 if food</b> <input type="checkbox"/> <div style="text-align: right;"><b>Service applies</b></div>
<b>19) Person Trained in Anti-Choking Procedures:</b> (if 25 Seats or more) Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>22a) Additional Permit</b> Milk & Cream..... <b>25.00</b> <input type="checkbox"/>
<b>20) Location: Check One</b>  Permanent Structure <input type="checkbox"/>  Mobile <input type="checkbox"/>	
<b>21) Length Of Permit: Check One</b>  Annual Seasonal Dates: Temporary Dates/Times	

Today's Date: \_\_\_\_\_

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.

24) Signature of Applicant: \_\_\_\_\_

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.

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

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

#### Board of Health Use Only

Date Approved	Date Inspected	Approved By	Permit #
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