



**Town of Southborough
Board of Health**
9 Cordaville Road, Lower Level
Southborough, MA 01772-1662

Phone: (508) 481-3013

APPLICATION FOR FOOD ESTABLISHMENTS

0-40 Seats - \$250

Over 40 Seats - \$400

***Fees are not refundable.**

Limited Retail: Under 10,000 sq ft - \$200

Over 10,000 sq ft - \$400

1) Establishment Name:							
2) Establishment Address:							
3) Establishment Mailing Address (if different):							
4) Establishment Phone No:							
5) Applicant Name & Title:							
6) Applicant Address:							
7) Applicant Phone No:	24 Hour Emergency No:						
8) Applicant Email Address:							
9) Owner Name & Title (if different from applicant):							
10) Owner Address (if different from applicant):							
11) Establishment Owned by: <ul style="list-style-type: none"><input type="radio"/> An association<input type="radio"/> A corporation<input type="radio"/> An individual<input type="radio"/> A partnership<input type="radio"/> Other legal entity	12) If a corporation or partnership, provide information of officers or partners: <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Name</th><th style="text-align: left;">Title</th><th style="text-align: left;">Home Address</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Name	Title	Home Address			
Name	Title	Home Address					
13) Person directly responsible for daily operations (Owner, Person in Charge, Supervisor, Manager, etc.)							
Name & Title:							
Address:							
Telephone No:	Emergency Telephone No:						
Email:							
14) District or Regional Supervisor (if applicable):							
Name & Title:							
Address:							
Telephone No:							

FOOD ESTABLISHMENT INFORMATION

15) Water Source: DEP Public Water Supply No. (if applicable)	
16) Sewage Disposal:	
17) Days & Hours of Operation:	
18) Number of Food Employees:	
19) <u>Please include copies of all current Certifications with the application.</u> (Minimum of 2 people for each): <div style="margin-left: 40px;"> A) Person in charge certified in Food Protection Management: B) Name of person certified in Allergy Awareness Certification: C) Name of person(s) trained in Anti-Choking procedures (if 25 seats +): </div>	
20) Establishment Type (check ALL that apply): <ul style="list-style-type: none"> <input type="radio"/> Retail (_____ Sq Ft) <input type="radio"/> Food Service (_____ Seats) <input type="radio"/> Food Service (Take Out) <input type="radio"/> Food Service (Institution – _____ Meals/Day) <input type="radio"/> Supermarket <input type="radio"/> Caterer <input type="radio"/> Food Delivery <input type="radio"/> Bed and Breakfast <input type="radio"/> Frozen Dessert Manufacturer <input type="radio"/> Buffet/Salad Bar <input type="radio"/> Other – Describe 	
21) Waste Management Company:	22) Pest Control Company:

Establishments applying for a permit must acquire a copy of the current Federal and Massachusetts Food Code 105 CMR 590.000 – found at www.mass.gov

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.

23) Signature of Applicant: _____ Date: _____