



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: <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: 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) *Please include copies of all current Certifications with the application.* (Minimum of 2 people for each):

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 +):

20) Establishment Type (check ALL that apply):

- Retail (_____ Sq Ft)
- Food Service (_____ Seats)
- Food Service (Take Out)
- Food Service (Institution – _____ Meals/Day)
- Supermarket
- Caterer
- Food Delivery
- Bed and Breakfast
- Frozen Dessert Manufacturer
- Buffet/Salad Bar
- 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:** _____