



Board of Health

Town of New Salem

19 South Main Street . New Salem MA. 01355

Tel (978)544-9673 . Fax (978)544-9673

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

ESTABLISHMENT

Name:	Email:
Address:	
Telephone:	Fax:
Address to send permit to:	

OWNER

Owning entity is a(n):	___Corporation	___Partnership	___Association	___Individual	___Other legal entity
Name of owning entity:					
Responsible person:			Title:		
Address:					
Telephone:			Emergency Telephone:		

TYPE OF FACILITY (Please check)

<input type="checkbox"/> Bed & Breakfast - \$50	<input type="checkbox"/> Mobile Food Annual - \$125	<input type="checkbox"/> Residential Kitchen - \$100
<input type="checkbox"/> Food Establishment/Service - \$125	<input type="checkbox"/> Retail / Wholesale - \$75	<input type="checkbox"/> Catering - \$50

HOURS OF OPERATION

Monday: _____ to _____	Thursday: _____ to _____	Sunday: _____ to _____
Tuesday: _____ to _____	Friday: _____ to _____	
Wednesday: _____ to _____	Saturday: _____ to _____	

Application Continued on back

Food Permit Fees are Waived for Non-Profits pursuant to MGL c94,§328



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PERSON IN CHARGE (PIC)

Name:	
Food Protection Manager training provider (if applicable):	
Date of training:	
(Include a copy of the Food Protection Manager Certificate (example: ServSafe) AND Allergen Awareness Certificate)	

PERSON CERTIFIED IN ANTI-CHOKING PROCEDURES (for food establishments with seating for 25 or more)

Name:			
Anti-choking training provider:		Date of training:	
Number of food service employees:			
(Include a copy of anti choking certification(s))			

MAINTENANCE

Potable water source:	____ Municipal	____ On-site well (requires DEP approval)	____ Other
Sewerage disposal:	____ Municipal	____ Approved on-site	____ Other
Chemical sanitizer used:			
Rodent / Insect control company:			
Solid waste disposal company:			
Grease trap maintenance / pumping:			

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 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.

Signature of applicant: _____

Date: _____

Print name: _____

**** All checks must be made payable to the Town of New Salem****
For fee, please see fee schedule.