



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035
 www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax. (508) 543- 6278

BHP-_____	MAKE CHECKS PAYABLE: TOWN OF FOXBOROUGH
DATE REC'D _____	
CHECK# _____	<i>NO REFUNDS OR TRANSFER OF FUNDS</i>

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening/renewal date

If not, Include a \$200.00 Late Fee)

1. Establishment Name:										
2. Establishment Address:										
3. Establishment Mailing Address (if different):										
4. Establishment Telephone No:	4a. E-MAIL:									
5. Applicant Name & Title:										
6. Applicant Address:										
7. Applicant Telephone No:	24 Hour Emergency No:									
8. Owner Name & Title (if different from applicant):										
9. Owner Address (if different from applicant):										
10. Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11.) If a corporation or partnership, give name, title, and home address of officers or partner. <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;">Home 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> </tbody> </table>	Name	Title	Home Address						
Name	Title	Home Address								
12.) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Mgr., etc.):										
NAME & TITLE:										
ADDRESS:										
TELEPHONE NO:	FAX:									
EMERGENCY TELEPHONE NO:										
13.) Pest Control Co.:	14.) Sewage Disposal Private or Public									
Address:	Water Source Private or Public									
Phone No:										
15.) # of Food Employees:										
16.) Days of Operation:										
17.) Hours of Operation										
18.) *Name of Person In Charge-Certified in Food Protection Management:										
Expiration Date of Certification:										
19.) Name of Person Trained in Anti-Choking Procedures (If 25 Seats or More):										
Name:	Number of Seats:									

20.) Name of Person Certified in Allergy Awareness:

21.) Establishment Type: <input type="checkbox"/> Food Service <input type="checkbox"/> Food Service Institution <input type="checkbox"/> Retail/Limited	22) (Check All That Apply) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Frozen Dessert Manufacturer	<input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Sale of Milk and Cream <input type="checkbox"/> Concession Stand <input type="checkbox"/> Bakery
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PERMIT FEES: PAYMENT IS DUE WITH APPLICATION.
 (Please make check payable to the TOWN OF FOXBOROUGH.)

FOR: Mobile Applications and Temporary Food Applications please see our website:
www.foxboroughma.gov

Food Service (Restaurant)	
(1 – 100 seats)	<input type="checkbox"/> \$ 50.00
(101 – 200 seats)	<input type="checkbox"/> \$ 250.00
(201 – 500 seats)	<input type="checkbox"/> \$ 500.00
(501 – 1,000 seats)	<input type="checkbox"/> \$ 800.00
(1001+ seats)	<input type="checkbox"/> \$1,000.00

Bakery	<input type="checkbox"/> \$ 100.00
Catering	<input type="checkbox"/> \$ 100.00
Concession Stand	<input type="checkbox"/> \$ 350.00
Frozen Dessert	<input type="checkbox"/> \$ 50.00
Limited Food, Limited Retail and Retail Food	<input type="checkbox"/> \$ 50.00
Residential Kitchen	<input type="checkbox"/> \$ 50.00
Supermarket	<input type="checkbox"/> \$ 800.00
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FOG PERMIT	<input type="checkbox"/> \$50.00/_____
LATE FEE	<input type="checkbox"/> \$ 200.00

23.) Fats, Oils, and Grease (FOG) Management \$50.00 (if more than 3, \$200.00)

Please list the number of grease interceptors servicing your establishment. _____	Do you have yellow grease (used fry oil) disposal container/s ___Yes ___No Size/s: _____
Please provide information on the contractor who services these grease interceptors:	Please provide information on the contractor who services the yellow grease container/s:
Company Name: _____	Company Name: _____
Address: _____	Address: _____
Phone Number: _____	Phone Number: _____

List staff/owners with Foxborough FOG Certification Training:

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. **BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.**

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

24.) **Social Security Number or Federal ID Number** _____

25.) **Signature of Individual or Corporate Name** _____ **Date** _____