TOWN OF NORTH ANDOVER
Community and Economic Development
HEALTH DEPARTMENT
120 Main St.
NORTH ANDOVER, MASSACHUSETTS 01845

Phone: 978.688.9540 Fax: 978.688.9542 E-mail: healthdept@northandoverma.gov

FOOD ESTABLISHMENT PERMIT APPLICATION

(If new establishment, application must be submitted at least 30 days before the planned opening date)

FEE: Depends on type of food establishment – Refer to your current permit or call the Health Department for fee amount

1. **Establishment Name:** **Date:**_____
2. **Establishment Address**
3. **Establishment Mailing Address (if different)**
4. **Establishment Telephone #:**
5. **Applicant Name & Title:**
6. **Applicant Address:**
7. **Applicant Telephone No.:** **24-Hour Emergency No.:**
8. **Owner Name & Title (if different form applicant):**
9. **Owner Address (if different from applicant):**

10. Establishment Owned By:

☐ An Association; ☐ A Corporation; ☐ An individual

☐ A partnership; ☐ other legal entity_____

11. If a corporation or partnership, give name, title, and home address of the officers or partner:

Name Title Home Address

12. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, Etc.)

Name & Title:

Address:

Telephone No.: Fax No.: E-mail:

Emergency Telephone No.:

13. District or Regional Supervisor (if applicable)

Name & Title:

Address:

Telephone No.: Fax No.: E-mail:

14. Water Source:

DEP Public Water Supply No.: (if applicable)

15. Sewage Disposal:

16. Days and Hours of Operation:

17. No. of Food Employees

NAME OF ESTABLISHMENT: _____

18. Name of Person in Charge – Certified in Food Protection Management ***(required as of 10/1/2001 in accordance with 105 CMR 590.003 (A) please attach copy of certificate):***

19. **Person Trained in Anti-Choking Procedures (if 25 seats or more: ☐Yes ☐No)**

NAME: _____

20. Location: (check one)
- ☐ Permanent Structure
- ☐ Mobile

21. Length of Permit: (check one)
- ☐ Annual
- ☐ Seasonal/Dates: _____
- ☐ Temporary/Dates/Time:

22. Establishment Type (check all that apply):
- ❑ Retail (_____square feet)
- ❑ Food Service – (_____seats)
- ❑ Food Service – Takeout
- ❑ Food Service – Institution (_____Meals per day)
- ❑ Caterer
- ❑ Food Delivery
- ❑ Residential Kitchen for Retail Sale
- ❑ Residential Kitchen for Bed and Breakfast Home
- ❑ Residential Kitchen for Bed and Breakfast Establishments
- ❑ Frozen Dessert Manufacturer
- ❑ Other (Describe)

23. **Food Operations (check all that apply) – DEFINITIONS:**
  - ➢ **PHF – potential hazardous food (time/temperature controls required);**
  - ➢ **Non-PHFs – non-potentially hazardous food (no time/temperature controls required);**
  - ➢ **RTE – ready-to-eat foods (Ex.-sandwiches, salads, muffins, which need no further processing**

- ❑ Sale of Commercially Pre-Packaged Non-PHF's
- ❑ PHF Cooked to Order
- ❑ Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- ❑ Sale of Commercially Pre-Packaged PHFs
- ❑ Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- ❑ PHF and RTE Foods Prepared for Highly Susceptible Population Facility
- ❑ Delivery of Packaged PHFs
- ❑ Sale of Raw Animal Foods Intended to be prepared by Consumer
- ❑ Vacuum Packaging/Cook Chill
- ❑ Reheating of Commercially Processed Foods for Service within 4 hours
- ❑ Customer Self-Service
- ❑ Use of Process Requiring a Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ❑ Customer Self-Service of Non PHF and Non-Perishable Foods Only
- ❑ Ice Manufactured and Packaged for Retail Sale
- ❑ Offers Raw or Undercooked Food of Animal Origin
- ❑ Preparation of Non-PHFs
- ❑ Juice Manufactured and Packaged for Retail Sale
- ❑ Prepares Food/Single Meals for Catered Events of Institutional Food Service
- ❑ Offers RTE PHF in Bulk Quantities
- ❑ Retail Sale of Salvage, Out-of-Date or Reconditioned Food
- ❑ Other (Describe):

NAME OF ESTABLISHMENT: _____

****IF YOU DO NOT RENEW BY FEBRUARY 28TH , THE FEE WILL DOUBLE****

Please include copies of current Serve Safe/Allergen Training/Choke Saver Certifications

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 Article X of the State Sanitary Code, and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of t 105 CMR 590.000 and the Federal Food Code.

24. **Signature of Applicant:** _____
Signature

_____
Print Name

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

25. **Signature of Individual or Corporate Name:** _____
Signature

_____
Print Name