

TOWN OF SUTTON



Sutton Town Hall
Board of Health
4 Uxbridge Road
Sutton, Massachusetts 01590
(508) 865-8724
Fax: (508) 865-8721

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

FEE SCHEDULE FOR TYPE OF FACILITY

<input type="checkbox"/> \$300.00	For 0-50 Seating	<input type="checkbox"/> *Milk	\$ 10.00
<input type="checkbox"/> \$360.00	For 51-100 Seating	<input type="checkbox"/> Churches	\$ 90.00
<input type="checkbox"/> \$600.00	For 101 + Seating	<input type="checkbox"/> Non-Profit	\$ 30.00
<input type="checkbox"/> \$300.00	Full Retail	<input type="checkbox"/> Mobile	\$180.00
<input type="checkbox"/> \$180.00	Limited Retail (pre-packaged only)	<input type="checkbox"/> Residential Kitchen	\$120.00
<input type="checkbox"/> \$120.00	Seasonal Limited Retail (low risk)	<input type="checkbox"/> Catering	\$ 90.00
<input type="checkbox"/> \$100.00	per 1000 sq. ft. - Full Retail over 5000 sq. ft.	<input type="checkbox"/> Day Care	\$120.00
Exact Number of Seats _____		<input type="checkbox"/> Late Fee	\$ 30.00

***If applicable, please list the names of the companies delivering MILK to your establishment:**

ESTABLISHMENT INFORMATION

Business Name: _____ Email: _____
Sutton Address: _____ Telephone: _____

Fax: _____
Mailing Address: _____
City _____ State _____ Zip Code _____

EMERGENCY INFORMATION

Person Directly Responsible for Daily Operations: _____
Title: _____ Telephone: _____
Email: _____ (for notification of food recalls and other pertinent information)
24-HOUR EMERGENCY PHONE NUMBER: _____

OWNER INFORMATION

Owning entity is a (n) ☐ Association ☐ Corporation ☐ Individual ☐ Partnership ☐ Other Legal Entity

Owner Name: _____ Title: _____

Owner Address: _____ Owner Email: _____

City _____ State _____ Zip Code _____

Owner Telephone: _____ Owner Fax: _____

DATES AND HOURS OF OPERATION

☐ Establishment Operates Year Round ☐ Establishment is Seasonal _____ to _____

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

Sunday: _____ to _____

Thursday: _____ to _____

MAINTENANCE

Potable Water Source: ☐ Municipal Water

☐ On-Site Well

Sewerage Disposal: ☐ Municipal

☐ On-Site Sewage Disposal System

Chemical Sanitizer used: _____

Pest Control Company: _____

Rubbish/Solid Waste Disposal Company: _____

Grease Trap Maintenance Pumping Company: _____

CERTIFICATIONS

YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED BELOW

Name(s) of ServSafe Food Managers: _____

Allergen Awareness Training Certification Holder(s): _____

Anti-Choking Certification(s) (Establishments with over 25 seats): _____

Mobile Food Units must include a copy of the food permit for their Base of Operations.

SIGNATORY SECTION

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.

I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

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

Social Security Number OR Federal ID Number: _____

Signature: _____

Print: _____ Date: _____

Copies of 105 CMR 590.000 and the Federal Food Code can be obtained at the State House Book Store, Boston, MA (Telephone: 617-727-2834) Website:
<http://www.sec.state.ma.us/spr/sprcat/catidx.htm>

Incomplete applications will be returned, resulting in delay of receipt of permit.
Applications are not transferable for any reason.
EXPIRATION DATE: June 30th of each year

Make Checks Payable To:

TOWN OF SUTTON

Mail to: Town Of Sutton
Sutton Board of Health
4 Uxbridge Road
Sutton, MA 01590

Date _____ Approved _____ Permit Number _____