



**Hardwick Board of Health**  
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## RETAIL FOOD ESTABLISHMENT APPLICATION

(APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS BEFORE THE PLANNED OPENING DATE)

PERMIT FEE \$100.00 (INCLUDE WITH APPLICATION)

PERMIT # \_\_\_\_\_  
(Issued by the Board of Health)

1. Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_
2. Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_
3. Applicant Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Telephone Number \_\_\_\_\_
4. Establishment Owned by a/an:     Association     Corporation     Individual  
    Partnership     Other Legal Entity \_\_\_\_\_
5. If a Corporation or Partnership, list Name, Title and Home Address of Officers or Partner(s):  

Name	Title	Home Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):  
Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Tel.# \_\_\_\_\_ Fax No. \_\_\_\_\_
7. District or Regional Supervisor (if applicable):  
Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Tel.# \_\_\_\_\_ Fax No. \_\_\_\_\_
8. Water Source: \_\_\_\_\_ DEP Public Water Supply No. (if applicable) \_\_\_\_\_
9. Sewage Disposal: \_\_\_\_\_
10. Days and Hours of Operation: \_\_\_\_\_
11. Number of Food Employees: \_\_\_\_\_

12. 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)

13. Person Trained in Anti-Choking Procedures (if 25 seats or more)?  Yes  No

14. Location (check one):  Permanent Structure  Mobile

15. Establishment Type (check all that apply):

- Caterer
- Food Delivery
- Residential Kitchen for Retail Sale
- Food Service (Take Out)
- Food Service (Institution \_\_\_\_\_ Meals/Day)
- Other (describe): \_\_\_\_\_
- Retail (\_\_\_\_\_ square feet)
- Food Service (\_\_\_\_\_ seats)
- Residential Kitchen for Bed & Breakfast Home
- Residential Kitchen for Bed & Breakfast Establishments
- Frozen Dessert Manufacturer

16. Length of Permit (check one):

- Annual
- Seasonal (dates) \_\_\_\_\_
- Temporary (dates/times) \_\_\_\_\_

17. Food Operations (check all that apply):

**Definitions: PHF - Potentially Hazardous Food (time/temperature controls required).**

**Non-PHF - 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 PHFs
- Sale of Commercially Pre-Packaged Non-PHF
- PHF Cooked to Order
- Hot PHF Cooked & Cooled or Hot Held for more than a Single Meal Service
- Preparation of PHFs for Hot & 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-PHF
- Juice Manufactured and Packaged for Retail Sale
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvage, Out-of-Date, or Reconditioned Food
- Other (describe): \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_

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 under law.

Social Security Number or Federal ID \_\_\_\_\_

Signature of Individual or Corporate Name \_\_\_\_\_

BOH USE:

Date of Inspection: \_\_\_\_\_

By: \_\_\_\_\_