



# Hardwick Board of Health

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## FOOD ESTABLISHMENT APPLICATION

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

PERMIT FEE \$ **150.00** (INCLUDE WITH APPLICATION)

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

1. Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

2. Owner Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address: \_\_\_\_\_

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. \_\_\_\_\_  
Email Address: \_\_\_\_\_

7. District or Regional Supervisor (if applicable):  
Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
24-Hour Emergency Tel.# \_\_\_\_\_ Fax No. \_\_\_\_\_  
Email Address: \_\_\_\_\_

8. Water Source: \_\_\_\_\_ DEP Public Water Supply No. (if applicable) \_\_\_\_\_  
*If private well, Water Quality results must be submitted annually. If Seasonal, submit 30 days prior to business re-opening.*

9. Sewage Disposal: \_\_\_\_\_

10. Days and Hours of Operation: \_\_\_\_\_

(Double Sided)

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 ServSafe Certificate & Allergen Awareness 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	Retail (_____ square feet)
Food Delivery	Food Service (_____ seats)
Residential Kitchen for Retail Sale	Residential Kitchen for Bed & Breakfast Home
Food Service (Take Out)	Residential Kitchen for Bed & Breakfast Establishments
Food Service (Institution _____ Meals/Day)	Frozen Dessert Manufacturer
Other (describe): _____	

16. Length of Permit (check one):

Annual \_\_\_\_\_

Seasonal (dates) \_\_\_\_\_

Temporary (dates/times) \_\_\_\_\_

17. Food Operations (check all that apply): *Please include a copy of a current menu or photograph of the order board.*

**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:** \_\_\_\_\_