



Hardwick Board of Health
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TEMPORARY FOOD PERMIT APPLICATION

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

PERMIT FEE (see attached Fee Schedule) _____ (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: _____