



# Hardwick Board of Health

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## FOOD ESTABLISHMENT APPLICATION

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

ANNUAL PERMIT FEE \$150.00 (INCLUDE WITH APPLICATION) CHECK # \_\_\_\_\_ 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 a private well, Water Quality results must be submitted annually.*

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. Venue Location \_\_\_\_\_  
Date(s) \_\_\_\_\_ Times \_\_\_\_\_  
(If Mobile, inform BOH of any future Venues, dates and times when known via email: boh@townofhardwick.com)

15. Establishment Type (check all that apply):

<input type="checkbox"/> Caterer	<input type="checkbox"/> Retail Establishment (_____ square feet)
<input type="checkbox"/> Food Delivery	<input type="checkbox"/> Food Service (_____ seats)
<input type="checkbox"/> Residential Kitchen for Retail Sale	<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home
<input type="checkbox"/> Food Service (Take Out)	<input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishments
<input type="checkbox"/> Food Service (Institution _____ Meals/Day)	<input type="checkbox"/> Frozen Dessert Manufacturer
<input type="checkbox"/> Food Truck, (include Truck layout).	<input type="checkbox"/> Food Cart/tent/booth
<input type="checkbox"/> Farmer's Market	<input type="checkbox"/> Other _____

16. 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's - Non-Potentially Hazardous Food (no time/temperature controls required). Residential Kitchen, Etc  
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's
- 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's
- 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): \_\_\_\_\_

17. I am providing hot temperature control for the hot holding of all PHF's above 140 F . Reheated PHF's which are reheated for hot holding, shall be discarded if not used or sold by the end of the day.  
Yes \_\_\_\_\_ No \_\_\_\_\_

18. I am providing cold temperature control for the cold holding of potentially hazardous food  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

17. Hand washing facilities: \_\_\_\_\_ Plumbed sink. \_\_\_\_\_ Gravity flow container with catch basin  
*At minimum, you need a 5 gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels, and a lined trash receptacle.*

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: \_\_\_\_\_