

**FOR HEALTH DEPARTMENT USE ONLY**

Date Received

Date Inspected

Approved By

Permit #

Fee



TOWN OF CARLISLE

**Office of the Board of Health**

66 Westford St. Carlisle MA 01741 (978) 369-0283 boardofhealth@carlislema.gov

**ANNUAL/SEASONAL FOOD ESTABLISHMENT PERMIT APPLICATION**

Submit application at least 30 days before the planned opening date, or expiration date of an existing permit.

|   |  |
|---|--|
| <b>1. Permit type and fee</b> (check one)   |  |
| <input type="checkbox"/> Annual permit (\$475)  |  |
| <input type="checkbox"/> Seasonal permit (\$300, 6 months max), Dates of operation _____ to _____               |  |
| <b>2. Establishment name</b>  |  |
| <b>3. Establishment address</b>   |  |
| <b>4. Established mailing address (if different)</b>  |  |
| <b>5. Establishment phone no.</b>   | <b>Establishment email:</b>                                |
| <b>6. Applicant name &amp; title</b>  |  |
| <b>7. Applicant address</b>   | <b>Applicant email:</b>                                    |
| <b>8. Applicant phone no.</b>   | <b>24-Hour emergency no.:</b>                              |
| <b>9. Owner name &amp; title (if different from applicant)</b>  |  |
| <b>10. Owner address (if different from applicant)</b>  |  |
| <b>11. Person directly responsible for daily operations (Owner, Person in Charge, Supervisor, Manager etc.)</b> |  |
| Name & Title  |  |
| Address   |  |
| Phone no.   | Email  |
| Emergency phone no.   |  |
| <b>12. Water source</b> (check one)   | <b>13. Sewage disposal</b> (check one)                     |
| <input type="checkbox"/> Private well   | <input type="checkbox"/> Private, Last pump out date _____ |
| <input type="checkbox"/> Public Water Supply, DEP PWS No. _____   | <input type="checkbox"/> Wastewater Treatment Plant        |
| <b>14. Days and hours of operation</b>  | <b>15. No. of food employees</b>                           |
| <b>16. Location</b> (check one)   |  |
| <input type="checkbox"/> Permanent Structure  |  |
| <input type="checkbox"/> Mobile   |  |

**17. Food operations:** (check all that apply)

**Definitions:** **TCS:** Time/Temperature Controls Safety Food (formerly called Potentially Hazardous Food - PHF)  
**Non-TCS:** No Time/Temperature Controls Safety Food (no time/temperature controls required)  
**RTE:** Ready-To-Eat foods (ex. sandwiches, salads, muffins that need no further processing)

- |   |   |
|---|---|
| <input type="checkbox"/> Sale of commercially pre-packaged Non-TCS                            | <input type="checkbox"/> Ice manufactured and packaged for retail sale  |
| <input type="checkbox"/> Sale of commercially pre-packaged TCS                                | <input type="checkbox"/> Juice manufactured and packaged for retail sale  |
| <input type="checkbox"/> Delivery of packaged TCS   | <input type="checkbox"/> Offers RTE TCS in bulk quantities  |
| <input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours | <input type="checkbox"/> Hot TCS cooked and cooled or hot held for more than a single meal service  |
| <input type="checkbox"/> Customer self-service of non-TCS and Non-Perishable Foods only       | <input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility  |
| <input type="checkbox"/> Preparations of Non-TCS  | <input type="checkbox"/> Prepares food/single meals for catered events or institutional food service  |
| <input type="checkbox"/> PHF cooked to order  | <input type="checkbox"/> Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative, time as public health control) |
| <input type="checkbox"/> Preparation of TCS for hot and cold holding for single meal service  | <input type="checkbox"/> Other: (describe)  |
| <input type="checkbox"/> Customer self-service  |   |

**18. Certifications** (provide copies of all current certifications)

Name(s) of **Certified Food Protection Managers**

Check if Food Manager Certification not required. This establishment will not be preparing any TCS.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Name(s) of those with **ServSafe Certification**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Name(s) of those with **Allergen Awareness Training Certification**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Name(s) of those with **Choke Saver Certification**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

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 how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

**19. Signature of Applicant** \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

**20. Federal ID** \_\_\_\_\_