

Initial Application for Permit

Date Received: \_\_\_\_\_



**Town of Bedford**  
**BOARD OF HEALTH**

**BOARD OF HEALTH**  
 Town Center Building  
 12 Mudge Way  
 Bedford MA 01730-2170  
**Joseph Knott, Inspector**  
 Phone: 781-275-6507  
 Fax: 781-687-6157

**Food Establishment - Initial Permit Application**  
*(Application must be submitted at least 30 days before the planned opening date)*

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Mailing Address (if different):																
4) Establishment Telephone No:	Establishment FAX No:															
5) Applicant Name & Title:																
6) Applicant Address:																
7) Applicant Telephone No:	24 Hour Emergency No:															
8) Owner Name & Title (if different from applicant):																
9) Owner Address (if different from applicant):																
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address												
Name	Title	Home Address														
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)																
Name & Title:																
Address:																
Telephone No:	Fax:															
Emergency Telephone No:																
13) District Or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax:															

### Food Establishment Information

<b>14) Water Source: TOWN</b> DEP Public Water Supply No: ( <i>if applicable</i> )		<b>15) Sewage disposal: TOWN</b>	
<b>16) Days and Hours of Operation:</b>		<b>17) No. of Food Employees:</b>	
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.</i>			
<b>19) Person Trained In Anti-Choking Procedures (if 25 seats or more):</b> <input type="radio"/> Yes <input type="radio"/> No			
<b>20) Location:</b> <i>(check one)</i> <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	<b>22) Establishment Type</b> <i>(check all that apply)</i> <input type="checkbox"/> Retail (                  Sq. Ft) <input type="checkbox"/> Food Service – (                  Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (                  Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
<b>21) Length Of Permit:</b> <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:	<b>Other (Describe)</b>		
<b>23) Food Operations:</b> <i>(check all that apply):</i>		<b>Definitions:</b> <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHF – non- potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
<b>Other (Describe):</b>		<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

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 law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

**24) 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.

**25) Social Security Number or Federal ID:** \_\_\_\_\_

**26) Signature of Individual or Corporate Name:** \_\_\_\_\_

## BEDFORD BOARD OF HEALTH FEE SCHEDULE

<b>Food Service Establishment Permits</b>		February 28 – Expire date
Food Service, Base Fee for up to 100 seats	\$150	
Food Service, 101-200 Seats	\$250	
Food Service, 201-300 Seats	\$350	
Food Service, 301-400 Seats	\$450	
Food Service, over 400 Seats	\$550	
*Retail Food, Small Scale .....	\$20	
** Retail Food .....	\$150	
***Retail Food, Supermarket.....	\$300	
Mobile Unit/Push Cart .....	\$50	
Residential Kitchen .....	\$50	
Function Halls .....	\$100	
Church Kitchen .....	\$0	
Temporary Food Establishment .....	\$25	
Caterers .....	\$75	
Frozen Dessert Manufacturer's License .....	\$25	
<p>Notes:</p> <ul style="list-style-type: none"> <li>* Retail food, Small Scale = less than 18 sq. ft. floor space, with sale of only "Non-Potentially Hazardous" foods.</li> <li>** Retail food, up to 3500 sq. ft. floor space of food operations.</li> <li>*** "Supermarket" = greater than 3500 sq. ft. floor space of food operations.</li> </ul>		