



Town of Halifax

Seasonal Establishment Permit Application

Applications received **after** the December 31st deadline, fees will be **doubled in amount**. Failure to pay late fees will result in non renewal of permit.

*** All permit applications must be submitted to the Halifax Board of Health at least 30 days prior to any planned event opening date. ***

*** All mobile food vendors participating in mobile food events are required to have a "Massachusetts" Hawkers and Peddlers license unless the organizer of the event has a promoter's permit with the Division of Standards in Boston, MA. If you are licensed in another state, you are still required to have one for Massachusetts*** <http://www.mass.gov/ocabr/government/oca-agencies/dos-lp/dos-licensing/hawker-and-peddler-license/>

*** Liability Insurance is a requirement for the Halifax Board of Health. If you have any questions, please contact our office at 781-293-6768.

Business Information

Establishment Name: _____

Establishment Mailing Address: _____

Establishment Telephone #: _____

Applicant Name & Title: _____

Applicant Address: _____

Applicant Telephone #: _____

24 Hour Emergency #: _____

Applicant E-Mail Address(s): _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Permit Fee

\$ _____

Payment is due with application

Type of Permit

Food Establishment

Be sure to include copies of the following documents:

- Food Safety Certificate
- Allergen Awareness Certificate
- Worker's Compensation Affidavit Form
- Worker's Compensation Insurance Certificate
- Liability Insurance Certificate

Establishment Owned by: If a corporation or partnership, give name, title and home address of officers or partners.

- An Association A Corporation an Individual
- A Partnership Other legal entity.

Operational Information

Person Directly responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title: _____

Address: _____

Telephone #: _____ Emergency Contact #: _____

Fax #: _____ E-Mail: _____

District or Regional Supervisor (if applicable)

Name & Title: _____

Address: _____

Telephone #: _____ Emergency Contact #: _____

Fax #: _____ E-Mail: _____

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Food Establishment Information

Water Source: _____ **Sewage disposal:** _____

Days and Hours of Operation: _____

Number of Food Employees: _____ **Person trained in Anti Choking Procedure?** Yes No

Name of Person in Charge Certified in Food Protection Management: *Please attach a copy of certification*

[Required as of 10/1/2001 in accordance with 105 CMR 590.003 (A)]

Location: *(check one)*

- Permanent Structure
- Mobile

Length of Permit:

(check one)

- Annual
- Seasonal/Dates _____
- Temporary/Dates & times _____

Establishment Type: *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Retail, _____ sq. ft. | <input type="checkbox"/> Food Service, _____ seats | <input type="checkbox"/> Food Service - Take Out |
| <input type="checkbox"/> Food Service – Institutional, _____ meals/day | <input type="checkbox"/> Caterer | <input type="checkbox"/> Residential Kitchen for Retail Sale |
| <input type="checkbox"/> Frozen Desert Manufacturer | <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home | <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments |
| <input type="checkbox"/> Other: <i>(describe)</i> _____ | | |

Food Operation: *(check all that apply)*

Definitions: PHF – Potentially Hazardous Food (time and temperature controls required)
 Non-PHF – Non-potentially Hazardous Food (no time/temperature controls required)
 RTE - Ready To Eat foods (Ex: sandwich, salad, muffin...foods needing no further processing)

- | | | |
|---|--|---|
| <input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's | <input type="checkbox"/> Sale of Commercially Pre-packaged PHFs | <input type="checkbox"/> Preparation of PHFs for hot and cold holding for single meal service |
| <input type="checkbox"/> PHF cooked to order | <input type="checkbox"/> Delivery of Packaged PHFs | <input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer |
| <input type="checkbox"/> Hot PHF cooked and cooled or Hot held for more that a single meal | <input type="checkbox"/> Vacuum Packaging/Cook Chill | <input type="checkbox"/> Customer Self Service |
| <input type="checkbox"/> PHF and RTE foods prepared for Highly susceptible population Facility | <input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours | <input type="checkbox"/> Customer Self Service of Non-PHF |
| <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"/> Ice manufactured and packaged for retail sale | <input type="checkbox"/> Offers raw or undercooked foods of animal origin |
| <input type="checkbox"/> Offers RTE PHF in bulk quantities | <input type="checkbox"/> Preparation of Non-PHF | <input type="checkbox"/> Juice manufactured and packaged for retail sales |
| <input type="checkbox"/> Other <i>(Describe)</i> _____ | <input type="checkbox"/> Prepares food/single meals for catered events or institutional food service | <input type="checkbox"/> Retail Sales 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 operations 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.

Signature of Applicant: _____

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

Social Security Number or Federal ID: _____

Signature or Individual or Corporate Name: _____