Town of Halifax
Non-Profit Food 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. ***

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

*** EVENTS: Each individual event held must have a permit application submitted to the Halifax Board of Health at least 30 days prior to the planned event opening date. All required documentation must accompany the event/non-profit event permit application ***

Business Information

Permit Fee
$___**0.00**____

Payment is due with application

Type of Permit
Non-Profit Food Establishment

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): _____

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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Non-Profit 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)*

- ☐ Retail, _____ sq. ft.
- ☐ Food Service – Institutional, _____ meals/day
- ☐ Frozen Desert Manufacturer
- ☐ Food Service, _____ seats
- ☐ Caterer
- ☐ Residential Kitchen for Bed and Breakfast Home
- ☐ Food Service - Take Out
- ☐ Residential Kitchen for Retail Sale
- ☐ Residential Kitchen for Bed and Breakfast Establishments
- ☐ Other: *(describe)* _____

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)

- ☐ Sale of Commercially Pre-Packaged Non-PHFs
- ☐ PHF cooked to order
- ☐ Hot PHF cooked and cooled or Hot held for more that a single meal
- ☐ PHF and RTE foods prepared for Highly susceptible population Facility
- ☐ Use of process requiring a Variance and/or HACCP plan (including bare hand contact alternative, time as public health control)
- ☐ Offers RTE PHF in bulk quantities
- ☐ Sale of Commercially Pre-packaged PHFs
- ☐ Delivery of Packaged PHFs
- ☐ Vacuum Packaging/Cook Chill
- ☐ Reheating of commercially processed foods for service within 4 hours
- ☐ Ice manufactured and packaged for retail sale
- ☐ Preparation of Non-PHF
- ☐ Prepares food/single meals for catered events or institutional food service
- ☐ Preparation of PHFs for hot and cold holding for single meal service
- ☐ Sale of raw animal foods intended to be prepared by consumer
- ☐ Customer Self Service
- ☐ Customer Self Service of Non-PHF
- ☐ Offers raw or undercooked foods of animal origin
- ☐ Juice manufactured and packaged for retail sales
- ☐ Retail Sales 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 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:_____