



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

| | |
|---|--------------------------|
| FOR BOARD OF HEALTH USE ONLY | |
| Date: | _____ |
| Amt Received: | _____ |
| Cash/Check No: | _____ |
| Received by: | _____ |
| Workers Comp Affidavit | <input type="checkbox"/> |
| Food Protection Manager | <input type="checkbox"/> |
| Allergy Certificate | <input type="checkbox"/> |
| Choking Certificate | <input type="checkbox"/> |

2022 FOOD ESTABLISHMENT PERMIT APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE

Renewal Application Late Fee's: \$100.00 for first 30 days; \$200.00 for 60 days and each month thereafter

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

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

Owner Address: _____

| | | | | |
|---|--|--|--|---|
| Establishment Owned by (Check one Box) | | Please attach List of Corporate and Partnership Officers | | |
| <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 |
| If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners | | | | |
| Name | Title | Home Address | | |
| _____ | | | | |

24 Hour Emergency Contact-Person In Charge

| |
|----------------------------|
| Name & Title: _____ |
| Address: _____ |
| Telephone #: _____ |
| 24 Hour Emergency #: _____ |
| Email: _____ |

FOOD ESTABLISHMENT INFORMATION

Days, and Hours of Operation: _____

Name of Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Person Trained in Anti-Choking Procedures (if 25 or more seats): _____

In Accordance with 105 CMR 590.003 (A) 590.009 and 590.003 (B)

PLEASE ATTACH COPIES OF CERTIFICATIONS

Check all that apply

| √ | Establishment Type | Base Fee | Base Fee plus Seats based on Occupancy | Base Fee plus Square Footage based on Retail | TOTAL |
|---|-----------------------------|----------|--|--|-------|
| | Food Service Establishment | \$150.00 | | Not applicable | |
| | Retail Food Establishment | \$100.00 | Not applicable | | |
| | Caterer | \$150.00 | Not applicable | Not applicable | |
| | Frozen Dessert Manufacturer | \$5.00 | Not applicable | Not applicable | |
| | Bar | \$150.00 | | Not applicable | |
| | Bed and Breakfast | \$150.00 | | Not applicable | |
| | | | | TOTAL | |

Occupancy Fee Calculation Table

| Total Seating Capacity | Additional Fee | Seating Capacity | Additional Fee |
|------------------------|--------------------|------------------|--------------------|
| 1-24 | \$25.00 plus base | 300-349 | \$350.00 plus base |
| 25-49 | \$50.00 plus base | 350-399 | \$400.00 plus base |
| 50-74 | \$75.00 plus base | 400-449 | \$450.00 plus base |
| 75-99 | \$100.00 plus base | 450-499 | \$500.00 plus base |
| 100-149 | \$150.00 plus base | 500-549 | \$550.00 plus base |
| 150-199 | \$200.00 plus base | 550-599 | \$600.00 plus base |
| 200-249 | \$250.00 plus base | 600-649 | \$650.00 plus base |
| 250-299 | \$300.00 plus base | 650-699 | \$700.00 plus base |

Retail Food Permit Calculation Chart

| Square Feet | Permit Cost |
|-----------------------|--------------------|
| Less than 2,500 sq ft | \$100.00 Base Only |
| 2,500 – 15,000 | \$50.00 plus base |
| 15,001 – 30,000 | \$250.00 plus base |
| 30,001 – 45,000 | \$450.00 plus base |
| 45,001 – 60,000 | \$650.00 plus base |
| 60,000+ | \$900.00 plus base |

| |
|---|
| Water Source: <input type="checkbox"/> Public <input type="checkbox"/> Well Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Well |
|---|

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.

Signature of Applicant: _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Corporate Representative (i.e. President, CFO, COO): _____