



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"/>

2021 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			
	Retail Food Establishment	\$100.00			
	Caterer	\$150.00			
	Frozen Dessert Manufacturer	\$5.00			
	Bar	\$150.00			
	Bed and Breakfast	\$150.00			
				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
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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): _____