FOR BOARD OF HEALTH USE ONLY App #: _____

Check# Fee Paid Approved By Permit #.:_____

Receipt #_____

_____ _____ _____

TOWN OF WAYLAND

Retail Food

(Application must be submitted at least 30 days before the planned opening date.)

Application fee is $150.00; $155.00 if you do NOT have a Food Service Permit and DO Sell Milk; make check payable to Town of Wayland; payment must accompany Application. A completed Workers Comp Affidavit as well as a Workers Comp Declaration Page, if required, must be attached to this Application.

1) Establishment Name:
2) Establishment Address:
3) Establishment Telephone No: **Fax No:**
4) Establishment Mailing Address (if different):
5) Telephone No. at Mailing Address: **Fax No:**
6) Applicant Name & Title:
7) Applicant Address:
8) Applicant Telephone No: **24 Hour Emergency No:**
9) Applicant email address:
10) Owner Name & Title (if different from applicant):
11) Owner Address (if different from applicant):

12) Establishment Owned By:	**13) If a corporation or partnership, give name, title, and home address of officers or partner.**
__ An association __ A corporation __ An individual __ A partnership __ Other legal entity_____	Name Title Home Address _____ _____ _____ _____

14) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title:	
Address:	
Telephone No:	Fax No:
Emergency Telephone No:	
Email Address:	

15) District Or Regional Supervisor (*if applicable)*	
Name & Title:	
Address:	
Telephone No:	Fax No:
Email Address:	

Food Establishment Information

16) Water Source:

DEP Public Water Supply No: (*if applicable*)

17) Sewage disposal:

17b) Grease trap vendor & schedule:

18) Days and Hours of Operation:

19) No. of Food Employees:

20a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs): N/A
20b*) Name of Person and Date of Allergy Video Certification (5 yrs):* *N/A*

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

21) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more (2yrs)): N/A

22) Location:
(check one)
- ❑ Permanent Structure
- ❑ Mobile

23) Establishment Type*(check all that apply)*
- ❑ Retail (_____ Sq. Ft)
- ❑ Food Service – (_____ Seats)
- ❑ Food Service – Takeout
- ❑ Food Service – Institution (_____ Meals/Day)
- ❑ Caterer
- ❑ Food Delivery
- ❑ Residential Kitchen for Retail Sale
- ❑ Residential Kitchen for Bed and Breakfast Home
- ❑ Residential Kitchen for Bed and Breakfast Establishments
- ❑ Frozen Dessert Manufacturer

Other (Describe)

24) Length Of Permit:
(check one)
- ❑ Annual
- ❑ Seasonal/Dates: _____
- ❑ Temporary/Dates/Time: _____

25) Food Operations:
(check all that apply):

Definitions: ***PHF – potentially hazardous food(time/temperature controls required)***
Non-PHFs – non- potentially hazardous food (no time/temperature controls required)
RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)

❑ Sale of Commercially Pre-Packaged Non-PHFs	❑ PHF Cooked To Order	❑ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
❑ Sale of Commercially Pre-Packaged PHFs	❑ Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	❑ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
❑ Delivery of Packaged PHFs	❑ Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	❑ Vacuum Packaging/Cook Chill
❑ Reheating of Commercially Processed Foods For Service Within 4 Hours.	❑ Customer Self-Service	❑ Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
❑ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	❑ Ice Manufactured and Packaged for Retail Sale	❑ Offers Raw Or Undercooked Food Of Animal Origin.
❑ Preparation Of Non-PHFs	❑ Juice Manufactured and Packaged for Retail Sale	❑ Prepares Food/Single Meals for Catered Events or Institutional Food Service
	❑ Offers RTE PHF in Bulk Quantities	
	❑ Retail Sale 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 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.

26) Signature of Applicant: _____

27) Social Security Number or Federal ID: _____

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

28) Signature of Individual or Corporate Name: _____