

**FOR BOARD OF HEALTH USE ONLY**

Fee Paid: \_\_\_\_\_

Check No: \_\_\_\_\_

Date Received \_\_\_\_\_

Date Inspected \_\_\_\_\_

Approved By \_\_\_\_\_

MunisApp # \_\_\_\_\_

MunisPer# \_\_\_\_\_

**TOWN OF WAYLAND**  
**Food Establishment Permit Application**  
**Limited Retail Food**

Application fee is **\$105.00**; If you carry Workers Comp Insurance, you must attach the Certificate of Insurance from your insurer. If you are claiming an exemption, you must complete and attach a Workers Comp Affidavit (attached) indicating the exemption you are claiming.

*(You must submit the Application at least 30 days before the planned opening date)*

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Mailing Address (if different):																
4) Establishment Telephone No:	FAX No:															
5) Applicant Name & Title:																
6) Applicant Address:																
7) Applicant Telephone No: _____ 24 Hour Emergency No: _____																
<b>Applicant Email Address:</b> _____																
8) Owner Name & Title (if different from applicant):																
9) Owner Address (if different from applicant): <b>Email:</b> _____																
10) Establishment Owned By: <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 _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address												
Name	Title	Home Address														
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)																
Name & Title:																
Address:																
Telephone No:	Fax:															
Emergency Telephone No:	<b>Email:</b> _____															
13) District Or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax: <b>Email:</b> _____															

## Food Establishment Information

<b>14) Water Source:</b>  DEP Public Water Supply No: ( if applicable)		<b>15) Sewage disposal company and schedule:</b>	
<b>16) Days and Hours of Operation:</b>		<b>17) No. of Food Employees:</b>	
<b>18a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs):</b> (enclose certificate)			
<b>18b) Name of Person and Date of Allergy Video Certification(5 yrs):</b> (enclose certificate)			
<b>19) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more- enclose certificates):</b>			
<b>20) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		<b>22) Establishment Type</b> (check all that apply) <input type="checkbox"/> Retail (                  Sq. Ft) <input type="checkbox"/> Food Service – (                  Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (                  Meals/Day)  <b>Other (Describe)</b>	
<b>21) Length Of Permit:</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:  <input type="checkbox"/> Temporary/Dates/Time:		<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
<b>23) Food Operations:</b> (check all that apply):		<b>Definitions:</b> <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHF – non- potentially hazardous food (no time/temperature controls required)</i> <i>RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<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 and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/OR HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
<b>Other (Describe):</b>		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<div style="border: 1px solid black; padding: 5px;">                 To be completed by the Board of Health   <b>Total Permit Fee:</b> _____  <b>Payment is due with application</b> </div>
<input type="checkbox"/> Retail Sale 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 operation will comply with 105 CMR 590.000 and 001/FC2013 and all other applicable law. I have been given a copy of the new regulation from the Wayland Board of Health(attached). Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law

**24) Signature of Applicant:** \_\_\_\_\_