

FOR BOARD OF HEALTH USE ONLY App #: _____

Check# Fee Paid Approved By

Permit #: _____

TOWN OF WAYLAND

Limited Food Establishment Permit Application

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

Application fee is **\$135.00**; make check payable to Town of Wayland; payment must accompany Application. Check all that are attached: ___ Workers Comp Affidavit ___ Workers Comp Declaration Page ___ Allergy Cert ___ PIC Cert (Serve Safe) ___ Anti Choke Cert

| 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): | | | | | | | | | | | | | |
| Email: | | | | | | | | | | | | | |
| 12) Establishment Owned By: | 13) If a corporation or partnership, give name, title, and home address of officers or partner. | | | | | | | | | | | | |
| <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 _____ | <table><thead><tr><th>Name</th><th>Title</th><th>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></tbody></table> | Name | Title | Home Address | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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): Please attach copy of certificates. | | | |
| 20b) Name of Person and Date of Allergy Video Certification (5 yrs): Please attach copy of certificates. | | | |
| 21) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more (2yrs)): Attach Certs | | | |
| 22) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile | 23) Establishment Type (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) | <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 | |
| 24) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____ | Other (Describe) _____ _____ | | |
| 25) Food Operations: (check all that apply): | Definitions PHF – potentially hazardous food (time/temperature controls required) Non-PHF – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing) | | |
| <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 | |
| Other (Describe): | <input type="checkbox"/> Offers RTE PHF in Bulk Quantities | <div style="border: 1px solid black; height: 60px; width: 100%;"></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 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: _____

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.

27) Social Security Number or Federal ID and Corp name:
