

FOR BOARD OF HEALTH USE ONLY App #: _____

Check# _____ Fee Paid _____ Approved By _____

Permit #: _____

TOWN OF WAYLAND

NEW or RETURNING (circle one)

Limited Food Service Vendor at Russell's Farmers Market

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

Check off and attach the following documentation:

Check **\$75.00** made payable to Town of Wayland _____ Workers Comp Dec Pg _____ Serve Safe Cert _____ Allergen Awareness Cert _____ Menu _____ Food Establishment License _____ Residential Kitchen License _____ ALL Packaged Food Labels _____

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: <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 _____	13) If a corporation or partnership, give name, title, and home address of officers or partner. <table><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></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>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
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: (<i>if applicable</i>)		17) Sewage disposal/Pumper Information:			
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) if potentially hazardous foods are being served (Farmer's Market language)v 2/22/12: <i>Include copy of certificate</i>					
20b) Name of Person and Date of Allergy Video Certification (5 yrs): <i>Include copy of certificate</i>					
20c) Person licensed by city, town or state and expiration date of license: <i>Include copy of license</i>					
21c) N/A					
22) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		23) Establishment Type (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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) </td> <td style="width: 50%; border: none;"> <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 </td> </tr> </table>		<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
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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: <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHFs – 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"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.				
<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"/> 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			
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities					
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: _____

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: _____

28) Signature of Individual or Corporate Name: _____

35) Food Sources _____

Source & Storage of Water/Ice _____

Storage & Disposal of Wastewater _____

Storage & Disposal of Garbage _____

36) PLAN REVIEW: A) Describe here the floor, wall and ceiling surfaces:

B) Draw in the booth layout and identify all equipment including hand washing facilities, dishwashing facilities, ranges, refrigerators, worktables, food/single service articles, storage, etc.

37) A) Will you be doing any sampling? Yes ___ No ___

B) Which items will you sample? _____

C) Where will the sampled items be prepared? _____

D) How will you ensure temperature control if PHF? _____

E) How will you prevent customer hand contact (tongs or portion cups, other)? _____

F) How will you prevent airborne contamination (cover or sneeze guard)? _____

