

FOR BOARD OF HEALTH USE ONLY App #: \_\_\_\_\_

Check# \_\_\_\_\_ Fee Paid \_\_\_\_\_ Approved By \_\_\_\_\_

Permit #: \_\_\_\_\_

## TOWN OF WAYLAND

### Retail Food

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

Application fee is **\$300.00**; **\$310.00** 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 Certification 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):													
11) Owner Address (if different from applicant): <b>Email:</b>													
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><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

<b>16) Water Source:</b> DEP Public Water Supply No: ( if applicable)		<b>17) Sewage disposal:</b> <b>17b) Grease trap vendor &amp; schedule:</b>	
<b>18) Days and Hours of Operation:</b>		<b>19) No. of Food Employees:</b>	
<b>20a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs):</b> <b>20b) Name of Person and Date of Allergy Video Certification (5 yrs):</b>			
<b>21) Name of Person(s) Trained and Dates of Certification In Anti-Choking Procedures (if 25 seats or more (2yrs)):</b>			
<b>22) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		<b>23) Establishment Type (check all that apply)</b> <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	
<b>24) Length Of Permit:</b> (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:  <input type="checkbox"/> Temporary/Dates/Time:		<b>Other (Describe)</b>	
<b>25) 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  <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: \_\_\_\_\_

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: \_\_\_\_\_