FOR BOARD OF HEALTH USE ONLY Approved By **Date Received** Date Inspected Permit # Issued

Food Establishment Permit Application
(Application must be submitted at least 30 days before the planned opening date)

| 1) Establishment Name: | 1 W . Tge | v | | P | . ** | | * * | | | |
|--------------------------------|------------------------|-------------|------------------------------|-------------|----------------|-------------|-------------|--------------------|-------|--------------|
| 2) Establishment Address: | | | 8 | | **; | , | | | | |
| 3) Establishment Mailing Ad | ddress (if different): | | | | | | v | | | n 4 |
| 4) Establishment Telephone | No.: | | | | 1. w | e je | ····· | | | in I |
| 5) Applicant Name & Title: | | | | | | | | | 8 B | |
| 6) Applicant Address: | | E | | 50 % | | | | e ¹ · · | 50 | 9 |
| 7) Applicant Telephone No: | | | , , , r | 24 Hou | ır Emergency | No: | var a s | 4) ₄ 4) | 1.1 | |
| 8) Owner Name & Title (if d | ifferent from applic | ant): | | | | | | | | |
| 9) Owner Address (if differen | ent from applicant): | | | | | real and | | | 1 I | |
| 10) Establishment Owned B | y: | 11) If a c | corporation cers or partr | or partne | ership, give n | ame, title, | and hom | e address | s of | |
| ☐ An association | | | oro or parti | 1 4. 1 | | | p | | | |
| ☐ A corporation☐ An individual | | Name | | <u>Ti</u> | <u>tle</u> | | <u>Home</u> | Address | | |
| A partnership | | | 4 70 404 | 1,549 | 4.9 | erin e | 1 % . | 3 | 1 ,) | 1 a 1 |
| Other legal entity | | | | | | | 4 | | | |
| | a 16 | | J 14 | | , A | | | | | |
| | | | | | | | | | | |
| 12) Person Directly Respons | sible For Daily Ope | rations (Ov | vner, Persor | n in Charg | je, Superviso | r, Manage | r etc.) | | | , universitä |
| Name & Title: | 50.4 | | | ** * | | | | | | |
| Address: | | | * * * * | | ja e | | | | | |
| Telephone No.: | | 1 | | * 1.1 | Fax: | | | " s | | - |
| Emergency Telephone No: | | a 0 0 | | | . 1 1 1 | | yk Se | | | |
| | | 2 m | 1 1 1 | · · · · · · | | | 4 1 8 1 | 7 | | |
| 13) District or Regional Supe | ervisor (if applicable | e) | | | | | | | | .1 |
| Name & Title: | | | | | | v | 0.00 | 4 . | 9.0 | 18. |
| Address: | | | 11. 4 | 7. 11 | · , p, , ,N, 1 | er é | | X VI | | |
| Telephone No. | | | | | Fax: | | , | | | |

Food Establishment Information

| 14) | Water Source | 1 2 - 10 ps | 15) Sewage disposal: | | | | |
|-------------------|---|--|--|--|--|--|--|
| DEF | Public Water Supply No: (if appli | cable) | | | | | |
| 16) | Days and Hours of Operation | 17) No. of Food Employees: | | | | | |
| 18) | Name of Person in Charge Certif Required as of 10/1/2001 in accordance v | ied in Food Protection Management: vith 105 CMR 590.003(A) Please attach copy of certification | | | | | |
| 19) | Person Trained In Anti-Choking I | Procedures (if 25 seats or more:) D Yes D | i No | | | | |
| 20) | | 2) Establishment Type (check all that apply) 1 Retail (Sq. Ft) 2 Food Service - (Seats) | CatererFood DeliveryResidential Kitchen for Retail Sale | | | | |
| Q | Mobile C | | Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast | | | | |
| 21) | Length Of Permit | Other (Describe) | Establishments Frozen Dessert Manufacturer | | | | |
| 0 | (check one) Annual Seasonal/Dates: | | | | | | |
| a | Temporary/Dates/Time: | | | | | | |
| | Food Operations: Definition | Non-PHFs - non-potentially hazardous | temperature controls required) food (no time/temperature controls required) hes, salads, muffins which need no further processir | | | | |
| | 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. | | | | |
| <u> </u> | 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 | | | | |
| O | Preparation of Non-PHFs | Juice Manufactured and Packaged for Retain Sale | Prepares Food/Single Meals for Catered Events or Institutional Food Service | | | | |
| Other (Describe): | | Offers RTE PHF in Bulk Quantities | To be completed by the Board of Health | | | | |
| | | Retail Sale of Salvage, Out-of-Date or Reconditioned Food | Total Permit Fee: | | | | |
| sta | blishment operation will comply w | acy of the information provided in this applicate ith 105 CMR 590,000 and all other applicable 05 CMR 590,000 and the federal Food Code. | ion and I affirm that the food law. 1 have been instructed by the board | | | | |
| 4) | Signature of Applicant: | | · · · · · · · · · · · · · · · · · · · | | | | |
| urs | | certify under the penalties of perjury that I, to | my best knowledge and belief, | | | | |
| | e filed all state tax returns and paid | d state taxes required under law. | | | | | |