

TOWN OF ACTON - BOARD OF HEALTH

Application for Renewal of Food Service Permit

(Please note category checked and associated fee)

Restaurant

- 0 Seats (\$160)
- 1-40 Seats (\$240)
- 41-100 Seats (\$390)
- 100 + Seats (\$460)
- Deli (\$95)
- Hot Bar (\$60)
- Cold Bar (\$60)
- Cafeteria (\$390)
- Frozen Dessert (\$95)
- Utility Kitchen (\$55)

Market

- Deli (\$95)
- Bulk (\$60)
- Milk/Cream (\$15)
- Retail (<5,000 s.f.) (\$195)
- Retail (5,000-10,000 s.f.) (\$240)
- Retail Over 10,000 s.f. (\$315)
- Sundries (\$75)

Temporary
(\$45 event/\$70 year)

Catering (\$225)

Bakery (\$95)

Residential Kitchen (\$40)

Mobile Food(\$95)/6 mo.

Pushcart (\$60)/6 mo.

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

Establishment Name: _____

Establishment Address: _____

Establishment Telephone: _____

Owners and/or Corporate Officers: _____

Address: _____

Telephone Number: _____

Manager(s): _____

Operating Schedule: _____

Total Seating Capacity: _____

Types of Foods Served and/or Sold (Attach Menu): _____

Employee(s) trained in the Heimlich Maneuver: _____
(Required while food is being served in restaurants with 25 or more seats)

Methods and Frequency of Sanitizing Equipment: _____

Type of Sanitizer used: _____

Describe pest control program: _____

Describe Rubbish Storage, Removal, Frequency and name of Hauler: _____

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 1999 Federal Food Code.

Signature of Applicant

Date

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

Social Security Number or Federal ID Number

Make checks payable to the Town of Acton. Remit application and fee to:
Acton Board of Health, 472 Main Street, Acton, MA 01720

BY DECEMBER 17, 2008