

FEE: _____

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



Town of East Longmeadow

Temporary Food Establishment Permit Application

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

1. Establishment Name:										
2. Establishment Address:										
3. Mailing Address (if different):										
4. Establishment Telephone Number:										
5. Applicant Name & Title:										
6. Applicant Address:										
7. Applicant Telephone: 24 Hour Emergency Number:										
8. Owner Name & Title (if Different):										
9. Owner Address (if Different):										
10. Establishment Owned By: <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	11. If a corporation or partnership, give name, title, and home address of officers or partners. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name</th> <th style="width: 35%;">Title</th> <th style="width: 30%;">Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Address						
Name	Title	Address								
12. Person directly responsible for daily operations (Owner, Person in Charge, Supervisor, Manager, Etc)										
Name & Title: _____										
Address: _____										
Telephone Number: _____ Fax: _____										
Emergency Telephone Number: _____										
13. District or regional Supervisor (if applicable):										
Name & Title: _____										
Address: _____										
Telephone Number: _____ Fax: _____										
14. Water Source: DEP Public Water Supply # (if Applicable): _____	15. Sewage Disposal: _____									
16. Days and Hours of Operation:										
Su: _____ Th: _____										
Mo: _____ Fr: _____										
Tu: _____ Sa: _____										
We: _____										
17. Number of Food Employees: _____										
18. Name of person in Charge Certified in Food Protection management: Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) (Please attach copy of Certificate)										
19. Person trained in Anti-Choking Procedures (if 25 seats or more): YES NO										

20. Location: <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	21. Establishment Type (Check All that Apply) <input type="checkbox"/> Retail (____sq Feet) <input type="checkbox"/> Food Service (____ Seats) <input type="checkbox"/> Food Service – Take Out <input type="checkbox"/> Food Service – Institution (____Meals / Day) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Other (please be specific):	
22. Length of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal: _____ <input type="checkbox"/> Temporary (dates/times): _____		
23. Food Operations: (Check all that apply)	Definitions: <i>PHF – Potentially hazardous food (Time/Temp controls required)</i> <i>Non-PHF – non-potentially hazardous food (no Time/Temp controls required)</i> <i>RTE – Ready to Eat foods that need no further processing (ex. Sandwiches, Salads, Muffins)</i>	
<input type="checkbox"/> Sale of Commercially Pre-packaged Non-PHFs <input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs <input type="checkbox"/> Delivery of Packaged PHFs <input type="checkbox"/> Reheating of Commercially processed foods for service within 4 hours <input type="checkbox"/> Customer Self-service of non-PHFs and non-perishable foods only <input type="checkbox"/> Preparation of Non-PHFs <input type="checkbox"/> Prepares food/single meals for catered events or institutional food service <input type="checkbox"/> Other:	<input type="checkbox"/> PHF Cooked to order <input type="checkbox"/> Preparation of PHFs for hot and cold holding for single meal service <input type="checkbox"/> Sale of raw animal foods intended to be prepared by customer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail <input type="checkbox"/> Juice manufactured and packaged for retail sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, out-of-date or reconditioned food	<input type="checkbox"/> Hot PHF Cooked and cooled or hot held for more than a single meal service <input type="checkbox"/> PHF and RTE foods prepared for highly susceptible population facility <input type="checkbox"/> Vacuum Packaging / cook chill <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"/> Offers raw or undercooked food of animal origin

To be completed by the Board of Health:
Total Permit Fee: _____
Payment is due with application

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 590.00 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.00 and the Federal Food Code.

24. Signature of Applicant: _____

25. Social Security Number or Federal ID: _____

26. Signature of individual or Corporate Name: _____