



**Town of East Longmeadow
Health Department
Food Service Permit Application**

Date: _____

Establishment Name		
Establishment Address		Phone
		Zip
Business Name and Business Address (if different)		Phone
		Zip
Contact Person Name		
E-Mail Address:		Phone
# of Seats:	Water Source:	Water Disposal:
Vehicle Registration # (Mobile Food Trucks Only)		

PERMITS AVAILABLE:

Food Service Establishment:

- Less than \$200,000 (annual income) = \$200.00
- \$200,000 to \$1,000,000 (annual income) = \$500.00
- More than \$1,000,000 (annual income) = \$700.00

Retail Food Service Establishment:

- Less than \$200,000 (annual income) = \$200.00
- \$200,000 to \$1,000,000 (annual income) = \$500.00
- More than \$1,000,000 (annual income) = \$700.00

Supermarkets:

- Less than \$200,000 (annual income) = \$200.00
- \$200,000 to \$1,000,000 (annual income) = \$500.00
- More than \$1,000,000 (annual income) = \$700.00

Bakery:

- Less than \$200,000 (annual income) = \$200.00
- \$200,000 to \$1,000,000 (annual income) = \$300.00
- More than \$1,000,000 (annual income) = \$400.00

Catering:

- \$200.00

Milk and Cream:

- \$10.00

Necessary if sold or served on premises

Frozen Dessert:

- \$25.00 Soft Serv Ice Cream/Yogurt

Must provide written contract with testing company to include monthly test results, missing test results will result in monthly fine

Mobile Food Truck:

- \$200.00

Prior to returning this application, please bring this form to the Fire Department to discuss what you need on your food truck for ventilation and fire suppression.

Fire Department Representative

Date: _____

Hot Dog Cart:

- \$150.00

TOTAL (fee enclosed) \$_____

****INCOMPLETE APPLICATIONS WILL BE RETURNED AND PERMIT WILL NOT BE APPROVED****

Name of Certified Food Manager _____

(Please provide copy of certificate with application)

Name of employee trained in Anti-Choking (if greater than 25 seats) _____

(Please provide copy of certification with application)

Name of employee certified in Allergen Awareness _____

(Please provide copy of certification)

Check all that apply:

- Sale of commercially pre-packaged non-PHF's
- Sale of commercially pre-packaged PHF's
- Customer self service of PHF's and non PHF's
- Preparation of only non PHF's
- PHF's cooked to order
- Preparation of PHF's for hot and cold holding
- Sale of raw animal foods intended to be prepared by customer
- Juice manufactured and produced for retail
- Retail sale of out-of-date food
- PHF's prepared for a highly susceptible population
- Use of a process that requires a HACCP plan
- Vacuum packaging/cook chill
- Offers raw or undercooked food of animal origin

Days and Hours of Operation:	Wednesday:
Sunday:	Thursday:
Monday:	Friday:
Tuesday:	Saturday:

Applicant Name and Title _____

Social Security number or Federal ID number _____

Applicant Signature _____

OwnersAddress _____

24 hour Emergency Phone number _____

Board of Health

Application Received:		By:
Premises Inspected:		
Permit Approved:		
Inspector's Signature:		
Permit Number:		