



Board of Health

459 Main Street, Medfield, MA 02052
Office (508) 906-3006 ~ fax (508) 359-6182

FOOD ESTABLISHMENT PERMIT APPLICATION

Name of Establishment: _____

Establishment address: _____

Establishment phone number: _____

Name of Owner: _____

Owner's mailing address: _____

Owner's phone number: _____ Email: _____

Name of Applicant: _____

Applicant's mailing address: _____

Applicant's phone number: _____ Email: _____

Title/Relationship to establishment (i.e.: owner, manager, et.): _____

Establishment owned by: Association Corporation Individual Partnership
(pls circle) Other legal entity: _____

If Corporation or partnership, give name, title and home address of officers or partner:

<u>Title</u>	<u>Name</u>	<u>Address</u>
President:	_____	_____
Vice President	_____	_____
Treasurer	_____	_____
Secretary	_____	_____

Person Directly Responsible for Daily Operations:

Name / Title: _____

Address: _____

Contact Numbers: _____ Email Address: _____

District or Regional Supervisor (if applicable):

Name / Title: _____

Address: _____

Contact Numbers: _____ Emergency No: _____

Email address for emergency alerts, etc.:

Trash Removal Company: _____

Address: _____

Telephone: _____

Grease Trap Maintenance Provider:

Address: _____

Telephone: _____

Please provide name of staff and confirmation of their safe food handler and allergen certifications

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Medfield Board of Health may nullify this approval. I attest that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.

Applicant's signature: _____ Date: _____

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

Signature of Individual or Corporate Name:

Social Security or Federal ID Number:

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations that may be required; federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

BOARD OF HEALTH USE ONLY

REVIEWED BY: _____

TITLE: _____

DATE: _____