

**HAVERHILL HEALTH DEPARTMENT
CITY HALL, ROOM 210
4 SUMMER ST
HAVERHILL, MA 01830**

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

DATE: _____

NAME OF ESTABLISHMENT _____

BUSINESS ADDRESS _____

TELEPHONE # _____

MAILING ADDRESS (IF DIFFERENT) _____

NAME & TITLE OF APPLICANT _____

ADDRESS OF APPLICANT _____ **/TEL #** _____

NAME OF OWNER (IF DIFFERENT FROM APPLICANT) _____

IF CORPORATION OR PARTNERSHIP, GIVE NAME, TITLE & HOME ADDRESS OF OFFICERS OR PARTNERS.

STATE OF INCORPORATION _____

NAME & ADDRESS OF LOCAL AGENT _____

EMERGENCY RESPONSE PERSON'S NAME, ADDRESS & TELEPHONE

TYPE OF ESTABLISHMENT PLEASE CHECK	FEE	* AMOUNT TO BE PAID
RETAIL FOOD _____	\$75.00	_____
FOOD SERVICE _____	\$100.00	_____
RESIDENTIAL KITCHEN _____	\$75.00	_____
LTD FOOD NON PHF _____	\$50.00	_____
CATERING _____	\$50.00	_____
MOBILE FOOD _____	\$75.00	_____
MILK _____	\$10.00	_____
SUPERMARKET _____	\$200.00	_____
LATE FILING FEE _____	\$25.00	_____
	TOTAL	_____

**PAYMENT IS DUE WITH APPLICATION
*CHECK OR MONEY ORDERS ONLY**

NUMBER OF SEATS _____ NUMBER OF NON-SMOKING SEATS _____

IF 25 SEATS OR MORE, ARE EMPLOYEES TRAINED IN ANTI-CHOKING PROCEDURES?

YES _____

NO _____

(ATTACH CERTIFICATES)

NAME OF CERTIFIED FOOD HANDLER _____

(ATTACH CERTIFICATES)

ADDITIONAL INFORMATION:

APPLICANTS FOR MOBILE FOOD UNITS OR PUSHCARTS MUST INCLUDE A LIST OF THE HANDWASH AND TOILET FACILITIES AVAILABLE ON EACH ROUTE. ATTACH SEPARATE SHEET.

WATER SOURCE _____ SEWAGE _____

DAYS & HOURS OF OPERATION _____

RESTAURANT:

SIGNATURE OF APPLICANT _____

PURSUANT TO M.G.L. CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, DO TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE FURNISHED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

SOCIAL SECURITY NUMBER OR
FEDERAL IDENTIFICATION NUMBER

SIGNATURE OF INDIVIDUAL OR
OR CORPORATE NAME

BOARD OF HEALTH USE ONLY

DATE RECEIVED

DATE INSPECTED

APPROVED BY

FEES RAISED AT PUBLIC HEARING ON FEBRUARY 17, 2009