



TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

(978) 640-4470 Fax (978)-640-4472

health@teWKsbury-ma.gov

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Date: _____

Name of Establishment: _____ Telephone #: _____

Business Address: _____

Mailing Address (if different): _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from applicant): _____ Telephone #: _____

Email Address: _____

If Corporation of partnership gives name, title and home address of officers or partners.

Name: _____ Title: _____ Home Address: _____

Name: _____ Title: _____ Home Address: _____

Name: _____ Title: _____ Home Address: _____

State of Incorporation: _____ Name & Address of Local Agent: _____

Does your establishment have an emergency response plan in place: YES _____ NO _____

Emergency Response Person: _____ Home Phone: _____

Address: _____ Cell Phone: _____

TYPE OF FOOD ESTABLISHMENT

- | | | |
|-------------------|--------------------------|----------|
| Retail (Small) | <input type="checkbox"/> | \$160.00 |
| Convenience Store | <input type="checkbox"/> | \$170.00 |
| Super Market | <input type="checkbox"/> | \$275.00 |
| Food Service | <input type="checkbox"/> | \$215.00 |
| Bakery | <input type="checkbox"/> | \$180.00 |
| Caterer | <input type="checkbox"/> | \$185.00 |
| Mobile Food* | <input type="checkbox"/> | \$110.00 |
| Service Club | <input type="checkbox"/> | \$ 65.00 |
| Milk Truck | <input type="checkbox"/> | \$ 35.00 |

IF SEASONAL, PLEASE LIST DATES OF OPERATION:

_____ THROUGH _____

***Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route.**

ADDITIONAL INFORMATION:

Water Source (e.g.: Town, Private Well)

Sewage Disposal (e.g. Town, Septic)

CERTIFICATIONS: Please attach copies of all certifications

- Food Safety Certificate**
- Allergen Certificate**
- Anti-Choking Certificate *FOR 25 SEATS OR MORE**

IF RESTAURANT:

Number of Seats: _____

REMINDERS:

- All menus are to list “Consumer Advisory: consuming raw or undercooked foods” statement when applicable.
- All menus are to list the Allergens Awareness statement.
- Allergen postings are required in the kitchen area.
- All establishments are required to maintain a copy of the State Sanitary code “Minimum Standards for Food Establishments, Article X” within their facility.

ATTACH THE FOLLOWING APPLICABLE DOCUMENTS:

- “Workers’ Compensation Insurance Affidavit: General Business” (signed by you)
- Insurance Binder with your facility name and address (from your insurance company)
- Current Certifications (see above)

✕ _____
SIGNATURE OF APPLICANT

Pursuant to M.G.L. 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 all state taxes required under law.

Social Security or Federal Tax ID #

Signature of Individual or Corporate Name

Corporate Officer

COMMENTS:

FOR HEALTH DEPARTMENT USE ONLY

Date Received

Check Number

Amount Paid

Permit # Issued