



# TOWN OF TEWKSBURY

HEALTH DEPARTMENT

TOWN HALL

1009 MAIN STREET

TEWKSBURY, MASSACHUSETTS 01876

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

health@teWKsbury-ma.gov

**RENEWAL DATE: Dec 1st**  
**EXPIRATION DATE: Dec 31st**

## 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

- |                       |                          |           |
|-----------------------|--------------------------|-----------|
| Food Service Risk 1   | <input type="checkbox"/> | \$200.00  |
| Food Service Risk 2   | <input type="checkbox"/> | \$300.00  |
| Food Service Risk 3   | <input type="checkbox"/> | \$400.00  |
| Food Service Risk 4   | <input type="checkbox"/> | \$500.00  |
| Residential Kitchen   | <input type="checkbox"/> | \$100.00  |
| Seasonal              | <input type="checkbox"/> | \$100.00  |
| Mobile Food*          | <input type="checkbox"/> | \$150.00  |
| Charitable/Non-profit | <input type="checkbox"/> | No charge |

**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 (form located on the Health Department’s website under Downloadable Forms and Applications)
- Insurance Binder (if applicable) with your facility name and address (from your insurance company)
- Grease tank/trap annual reports if applicable (At a minimum, external Grease Tanks shall be inspected and grease removed once every three months).

**Tanks and Grease Trap(s) to the Health Department (per 9.7.3 and 9.11.2):**

[http://www.tewksbury-ma.gov/sites/tewksburyma/files/file/file/grease\\_trap\\_regulations\\_with\\_town\\_clerk\\_stamp.pdf](http://www.tewksbury-ma.gov/sites/tewksburyma/files/file/file/grease_trap_regulations_with_town_clerk_stamp.pdf)

**×** \_\_\_\_\_  
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.

**COMMENTS:**

---



---



---



---



---



---



---

**FOR HEALTH DEPARTMENT USE ONLY**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Permit # Issued