FOR BOARD OF HI	EALTH USE ONLY
DATE RECEIVED	DATE INSPECTED

APPROVED BY

PERMIT FEE:	\$
LATE FEE:	9

PERMIT ISSUED DATE: _

TOTAL FEE =\$ ID#:



TOWN OF FAIRHAVEN BOARD OF HEALTH



40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4023 Ext. 125

Mobile Food Permit Application

□ Annual □ Seasonal				
PLEASE PRINT CLEARLY		TODAY'S DATE:		
1) Establishment Trade Na	me:			
2) Establishment Address:				
3) Establishment Mailing A	ddress (if different):			
4) Establishment Telephone No.: ()			Fax No.: ()	
			A 1' 49 (T)'41	
6) Applicant Address: 7) Establishment Owner's Name: (First)			,	
Association, Corporation, Partnership, Legal Entity Name: 8) Owner's Address (if different from applicant):				
Owner's E-Mail Address				
9) Food Establishment is	<u> </u>	ornoration or a nartne	rship, give name, title and home	
OWNED by: (Check one) address of officers or partner(s) as registered with the Secretary of S		1,0		
☐ Association	(Please provide an atte	,		
□ Corporation	Officer/Partner's N	•	Home Address	
☐ Individual				
☐ Partnership			-	
☐ Other Legal Entity				
11) Establishment is:				
(Check one)	(First) (Last) (M	irst) (Last) (MI)		
☐ Part of Chain				
☐ Independent		(0		
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.): Name:				
Address:	1 nie	16	iephone No. ()	
Fax No.: () 24 Hour Emergency Number: ()				
13) District or Regional Supervisor (if applicable):				
Name: Title: Telephone No: ()				
Address:				
Fax No.: ()	24 E1	nergency Number: ()	
14) Style of Establishment: (Check only one)				
□ Bar □ Ga	s Station Only	uor Store	☐ Restaurant (Bar Area)	
☐ Convenience Store ☐ Gas Mini-Mart ☐ Membership Association ☐ Restaurant Only		☐ Restaurant Only		
☐ Department Store ☐ Grocery Store		armacy/Retail Store	☐ Other (specify):	

Food Establishment Information (continued) 15) Water Source: 16) Sewage disposal: 17) Days and Hours of Operation: 18) Number of Food Employees: 19) Name of Person(s) in Charge Certified in Food Protection Management & Food Allergens Notice: (Attach copy of certificates): 20) Person Trained in Anti-Choking Procedures (if 25 seats or more): ☐ Yes ☐ No (Attach copy of certificate) 21) Establishment Type: (Check all that apply) □ Residential Kitchen for: ☐ Retail (______ Sq. Ft.) □ Caterer ☐ Food Service - (______ Seats) ☐ Food Delivery ☐ Food Service – Takeout ☐ Bed & Breakfast Home ☐ Mobile Vehicle ☐ Food Service – Institution(Meals/D) ☐ Bed & Breakfast Establishment ☐ Push Cart ☐ Frozen Dessert Manufacturer \square Other (Describe): **22) Location Type:** *(Check one)* \Box Permanent Structure \Box Temporary Structure ☐ Mobile Unit 23) Length of Permit: (Check one) ☐ Seasonal - Dates: ☐ Temporary - Dates: Times: ☐ Annual 24) Food Preparation: (Check all that apply) Definitions: PHF – potentially hazardous food (time/temperature controls required) Non-PHFs – non-potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing) ☐ Sale of commercially pre-packaged ☐ Customer self service ☐ Vacuum packaging/cook chill Non-PHFs ☐ Sale of raw animal foods intended ☐ Use of process requiring a variance ☐ Sale of commercially pre-packaged and/or HACCP Plan (including bare to be prepared by consumer hand contact alternative, time as a **PHFs** ☐ Ice manufactured and packaged for public health control) ☐ Delivery of packaged PHFs ☐ Prepared food/single meals for catered ☐ Reheating of commercially processed ☐ Juice manufactured and packaged events or institutional food service foods for service within (4) hours ☐ Retail sale of salvage, out-of-date \square Other (Describe): ☐ Customer self-service of Non-PHF or reconditioned food and non-perishable foods only ☐ Hot PHF cooked and cooled or hot ☐ Preparation of Non-PHFs for retail sale held for more than a single meal service ☐ If applicable, Name of ☐ Offers RTE PHF in bulk quantities ☐ PHF and RTE foods prepared for **Dumpster Company:** highly susceptible population facility ☐ PHF cooked to order Pick up dates: ☐ Raw or undercooked food of animal **Grease Hauler:** ☐ Preparation of PHFs for hot and cold origin Pick up dates: holding for single meal service Septic hauler: Consistent with M.G.L. Ch.270, Section 22 and per order of the Fairhaven Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises. 25) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue: ✓ If owned by an individual: □ Social Security Number: ✓ If owned by an association, corporation, partnership, or other legal entity: ☐ Federal Identification Number: Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Fairhaven Board of Health Administrative Office on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

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26) Authorized Signatory –print name and title clearly and sign below:

Name:

Title:

Payment is due with application