



Health Department  
508-946-2408  
**TOWN OF MIDDLEBOROUGH**

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

Date: \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT APPLICATION**  
**(Application must be submitted at least 30 days before the planned opening date)**

1) Establishment Name: \_\_\_\_\_

2) Establishment Address: \_\_\_\_\_

3) Establishment Mailing Address (if different): \_\_\_\_\_

4) Establishment Telephone No: \_\_\_\_\_

5) Applicant Name & Title: \_\_\_\_\_

6) Applicant Address: \_\_\_\_\_

7) Applicant Telephone No: \_\_\_\_\_ 24 Hour Emergency No: \_\_\_\_\_

8) Owner Name & Title (if different from applicant): \_\_\_\_\_

9) Owner Address (If different from applicant): \_\_\_\_\_

10) Establishment Owner By:  An Association  A Corporation  An Individual  
 A Partnership  Other legal entity \_\_\_\_\_

11) If a corporation or partnership, give name, title and home address of officers or partner.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc).

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Emergency Telephone No: \_\_\_\_\_

13) District Or Regional Supervisor (if applicable)

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**FOOD ESTABLISHMENT INFORMATION**

- 14) Water Source: \_\_\_\_\_
- 15) Sewage Disposal: \_\_\_\_\_
- 16) Days and Hours of Operation: \_\_\_\_\_
- 17) No. of Food Employees: \_\_\_\_\_
- 18) Name of Person in Charge Certified in Food Protection Management \_\_\_\_\_
- 19) Person Trained in Anti-Choking Procedures (if 25 seats or more): \_\_\_\_\_

**FOOD SERVICE**

Limited: \$50. \_\_\_\_\_  
Regular: \$100. \_\_\_\_\_  
No. of seats x .50 per seat \_\_\_\_\_

ROADSIDE STAND: \$50. \_\_\_\_\_  
MOBILE FOOD: \$200. \_\_\_\_\_  
Pushcart/Ice Cream Truck: \$100. \_\_\_\_\_

**RETAIL**

0-200 sq.ft. \$25. \_\_\_\_\_  
200-1000 sq.ft. \$100. \_\_\_\_\_  
1000 + sq.ft. \$200. \_\_\_\_\_

MILK VEHICLE: \$10. \_\_\_\_\_  
MILK & CREAM: \$10. \_\_\_\_\_  
FROZEN DESSERT: \$10. \_\_\_\_\_

FUNCTION HALL: Occasional: \$75. \_\_\_\_\_  
Year Round: \$100. \_\_\_\_\_

WHOLESALE FOOD  
PROCESSOR: \$500. \_\_\_\_\_  
WHOLESALE WAREHOUSE \$200. \_\_\_\_\_  
RESIDENTIAL (Bed & Breakfast)  
B&B Continental: \$50. \_\_\_\_\_  
Full Serve: \$75.  
No. of Rooms x \$10.

CATERING: Annual: \$50. \_\_\_\_\_ Per Event: \$25. \_\_\_\_\_

TEMPORARY: One Day: \$25. \_\_\_\_\_ \$5/Day for every extra Day \_\_\_\_\_ Non Profit: \$5/Day \_\_\_\_\_  
FOOD SERVICE PLAN REVIEW \$75. \_\_\_\_\_ FOOD SERVICE PLAN REVIEW COMMERCIAL \$200. \_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: \_\_\_\_\_

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

Social Security Number or Federal ID: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_