



## Board of Health

Town of Royalston  
5 School Street PO Box 102 . Royalston MA. 01368  
Tel (978)249-3617  
Email: boh@royalston-ma.gov

### APPLICATION TO OPERATE A FOOD ESTABLISHMENT

#### ESTABLISHMENT

Name:	Email:
Address:	
Telephone:	Fax:
Address to send permit to:	

#### OWNER

Owning entity is a(n):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Individual	<input type="checkbox"/> Other legal entity
Name of owning entity:					
Responsible person:			Title:		
Address:					
Telephone:			Emergency Telephone:		

#### TYPE OF FACILITY (Please check one)

<input type="checkbox"/> Caterer - \$100	<input type="checkbox"/> Mobile Food Annual - \$100	<input type="checkbox"/> Retail Food -\$50
<input type="checkbox"/> Municipal- \$0	<input type="checkbox"/> Food Service - \$100	<input type="checkbox"/> Residential Kitchen - \$100

#### HOURS OF OPERATION

Monday: ____ to ____	Thursday: ____ to ____	Sunday: ____ to ____
Tuesday: ____ to ____	Friday: ____ to ____	
Wednesday: ____ to ____	Saturday: ____ to ____	

Application Continued on back

**PERSON IN CHARGE (PIC)**

Name:	
Food handler training provider (if applicable):	
Date of training:	
(Include a copy of the <b>Food Protection Manager Certificate</b> (example: ServSafe) <b>AND</b> Allergen Awareness Certificate)	

**PERSON CERTIFIED IN ANTI-CHOKING PROCEDURES (for food establishments with seating for 25 or more)**

Name:	
Anti-choking training provider:	Date of training:
Number of food service employees:	
(Include a copy of anti choking certification(s))	

**MAINTENANCE**

Potable water source:	<input type="checkbox"/> Municipal	<input type="checkbox"/> On-site well (requires DEP approval)	<input type="checkbox"/> Other
Sewerage disposal:	<input type="checkbox"/> Municipal	<input type="checkbox"/> Approved on-site	<input type="checkbox"/> Other
Chemical sanitizer used:			
Rodent / Insect control company:			
Solid waste disposal company:			
Grease trap maintenance / pumping:			

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, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**A Late Fee of \$25 will be charged for more than 10 days past the permit renewal date**

**All checks must be made payable to the Town of Royalston**