

TOWN OF ROYALSTON

P.O. Box 54

Royalston, MA 01368

978-249-3617

FOOD ESTABLISHMENT PERMIT APPLICATION

1) Establishment Name:

2) Establishment Address:

3) Establishment Mailing Address (if different):

4) Establishment Telephone No:

5) Applicant Name and Title:

6) Applicant Address:

7) Applicant Telephone No:

8) Owner Name & Title (if different from applicant)

9) Owner Address (if different from applicant)

10) Establishment Owned 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:

Name:

Title:

Home Address:

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

Name & Title:

Address:

Telephone No:

Emergency Telephone No:

13) District Or Regional Supervisor (if applicable)

Name & Title: _____

Address: _____

Telephone No: _____

14) Water Source: _____ 15) Sewage disposal: _____

15) Days and Hours of Operation: _____ 17) No. of Food Employees: _____

18) Name of Person in Charge Certified in Food Protection Management: (Required as of 10/1/2000 in accordance with 105 CMR 590.000 (A). _____

19) Person trained in Anti-Choking Procedures (if 25 seats or more) ____ Yes ____ No

20) Location: ____ Permanent Structure ____ Mobile

21) Length of Permit: ____ Annual ____ Seasonal ____ Temporary/dates & times _____

22) Establishment Type (check all that apply)

____ Retail ____ Food Service ____ Food Service Takeout ____ Caterer

____ Food Delivery ____ Residential Kitchen ____ Bed & Breakfast

____ Frozen Dessert Manufacturer ____ Food Service Institution

Other (describe) _____

23) Food Operations (check all that apply) **Definitions:** *PHF*-potentially hazardous food (time/temp control required). *Non-PHF*s-non potentially hazardous food (no time/temp control required) *RTE*-ready to eat foods (ex. Sandwiches, salads, muffins which need no further processing)

____ Sale of Commercially Pre-packaged PHFs ____ Sale of Commercially Pre-packaged non - PHFs. ____ Delivery of Packaged PHFs ____ Reheating of Commercially Processed Foods for service within 4 hours. ____ Customer Self-Service of Non-PHF and Non-Perishable Foods only. ____ Preparation of Non-PHFs. ____ PHF Cooked to order. ____ Preparation of PHFs for Hot and Cold holding for single meal service. ____ Sale of Raw animal Foods intended to be prepared by customer. ____ Customer self-serve. ____ Ice Manufactured and packaged for retail sale. ____ Juice manufactured and packaged for retail sale. ____ Offers RTE PHF in Bulk quantities. ____ Retail Sale of Salvage, out of date or reconditioned food. ____ Hot PHF cooked and cooled or hot held for more than a single meal service. ____ PHF and RTE foods prepared for highly susceptible population facility. ____ Vacuum Packaging/Cook Chill. ____ Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative, time as a public health control) ____ Offers raw or undercooked food of animal origin. ____ Prepares food/single meals for catered events or institutional food service. ____ Other (describe) _____

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 law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal food code.

24) Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

BOARD OF HEALTH USE ONLY

Date Received: _____

Date Inspected: _____

Approved by: _____

Permit #: _____

***Annual Food Permits are \$100.00. Temporary Food Permits \$25 Prepackaged Retail Foods will be \$50 as of July 15, 2011. Checks made payable to: TOWN OF ROYALSTON.**

TOWN OF ROYALSTON

Retail Sales Tobacco Permit/Registration Application

Date of Application: _____

Fee: \$50.00

Business Name:

Business Address:

Business Telephone: _____

Owner/Applicant's Name: _____

Owner/Applicant's Title: _____

Owner/Applicant's Add: _____

Owner/Applicant's Telephone: _____

List all sales persons, names, authorized to sell tobacco products: (18 years)
(List all employees who currently handle tobacco products. This list only needs to
be updated with the Board of Health when applying for the annual permit. The
Board recognizes that their may be staffing changes throughout the year. Continue
on the back if more space is needed.)

Office Use:

Date Application Received: _____

Date Application Approved: _____

Date Permit/Registration Granted: _____

Food Licenses for 2009

**Pete & Henry's
18 Main St.
S. Royalston, MA 01368
978-249-8375**

**John Cloutier
161 Simonds St.
Athol, MA 01331**

**Royalston General Store
21 Main St.
S. Royalston, MA 01368
978-249-9798**

**Winchendon Rod & Gun Club
169 Winchendon Rd.
Royalston, MA 01368
978-297-3955
P.O. Box 122
Winchendon, MA 01475**

**Royalston Community School
96 Winchendon Rd.
Royalston, MA 01368
978-249-2900**