



Town of Rowley

Board of Health

39 Central Street

P. O. Box 783

Massachusetts 01969

Tel. (978) 948-2231

E-mail: health@townofrowley.org

Establishment Type

Restaurant	\$350.00
Market	\$600.00
Convenience	\$300.00
Incidental	\$25.00
Food Service/Retail	\$100.00
Farm Stand/Mkt	\$25.00
Catering	\$100.00

BOARD OF HEALTH USE ONLY

Date Received:	Date Inspected:	Approved By:	Permit # Issued:	Fee:
_____	_____	_____	_____	_____

Food Establishment License Application

1.) Establishment Name:	
2.) Establishment Address:	
3.) Establishment Mailing Address (if different):	
4.) Establishment Telephone Number: _____ E-MAIL: _____	
5.) Applicant Name and Title:	
6.) Applicant Address:	
7.) Applicant Telephone Number:	
8.) Owner Name and Title (if different from applicant):	
9.) Owner Address:	
10.) Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A Corporation <input type="checkbox"/> An Individual <input type="checkbox"/> A Partnership <input type="checkbox"/> Other Legal Entity: _____	11.) If a corporation or partnership, give name, title and home address of officers or partners: <u>Name:</u> _____ <u>Title:</u> _____ <u>Address:</u> _____ _____ _____ _____ _____
12.) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.) Name & Title: _____ Address: _____ Telephone Number: _____ Fax Number: _____ Emergency Contact and Telephone Number: _____	
13.) District or Regional Supervisor (if applicable) Name, Title, Address and Telephone/Fax Numbers: _____ _____ _____	

14.) **Name Person(s) In Charge Certified in Food Protection Management** (105 CMR590.003(A):

Please attach copy of current certificate

15.) Number of Food Service Employees: _____

16.) Person Trained in Anti-Choking Procedures? (More than 24 seats) ☐ yes ☐ no (attach certs.)

17.) Food Allergy Training Completed (attach certificate) ☐ yes ☐ no

18.) **Business Operating Hours/Days:**

19.) Location:

□ Permanent Structure

Source of Water: ☐ Town ☐ Well

20.) Length of Permit:

☐ Annual

☐ Seasonal – dates: _____

☐ Temporary – dates/times: _____

21.) Establishment Type:

☐ Retail _____ sq ft

☐ Food Service: _____ # seats

☐ Food Service: Takeout Delivery

☐ Food Service – Institution:

_____ # meals each day _____ # beds

☐ Caterer

☐ Residential Kitchen for Retail Sale

☐ Frozen Dessert Manufacturer

Other _____

22.) Dumpster Permit Required: ☐ yes ☐ no

23.) Septic System Maintenance Company:

24.) Grease Trap Cleaning/Waste Oil Removal:
company: _____

25.) Under Sink Trap ____ Outside ____ Underground ____

Definitions: **PHF** – potentially hazardous food (time/temperature controls required)

Non-PHF – non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. salads, sandwiches, muffins which need no further processing)

26.) Food Operations (check all that apply):

☐ Sale of commercially pre-packaged Non-PHF's ☐ Sale of commercially pre-packaged PHF's

□ Preparation of Non-PHF's □ Preparation of PHF's

☐ Customer self-service of Non-PHF and Non-Perishable foods only

☐ Customer self-service of PHFs and hot /cold held food

☐ Reheat commercially processed food for service within 4 hours

□ Preparation of PHFs for hot / cold holding for single meal service

☐ Hot PHF cooked /cooled or hot/cold holding for more than a single meal service

☐ Prepare food / single meals for Catered Events or Institutional Food Service

☐ PHF and RTE food prepared for Highly Susceptible Population Facility

☐ Use of Process requiring a variance and/or HACCP plan

☐ Vacuum packaging / cook chill ☐ Offers Raw or Undercooked Food of animal origin☐ Offers RTE PHF in Bulk Quantities ☐ Juice Manufactured / Packaged for Retail Sale☐ Ice Manufactured / Packaged for Retail Sale ☐ Other _____

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 the federal 1999 Food Code and 105 CMR 590.000 as well as any other applicable law. Copies of applicable laws are available from the State Bookstore in Boston, MA 02133 or by calling (617) 727-2834. Local regulations, if any, are available from the Town Clerk.

27.) 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.

28.) Federal ID or Social Security Number: _____

29.) Signature of Individual or Corporate Name: _____