



BOARD OF HEALTH

78 MAIN STREET, HUDSON, MASSACHUSETTS 01749
PHONE 978-562-2020

For Board of Health Use Only:
Date Received:

Fee Paid? Y/N Amount:
Approved by:

Food Establishment Permit Application

*New Businesses: Application must be submitted at least 30 days before the planned opening date
(Do not use this form for Permit Renewal for existing permit holders)*

1. Establishment Name:		14. Which Address Do You Prefer for Correspondences? <input type="checkbox"/> Establishment Address <input type="checkbox"/> Applicant Address <input type="checkbox"/> Owner Address <input type="checkbox"/> Other (Please Specify) _____ _____ _____													
2. Establishment Address:															
3. Establishment Mailing Address (if different):															
4. Establishment Telephone Number:															
5. Applicant Name and Title:															
6. Applicant Address:															
7. Applicant Telephone Number:		15. Emergency Telephone Number:													
8. Owner Name & Title (if different from applicant):															
9. Owner Address and Telephone (if different from applicant):															
10. Establishment Owned By: <input type="checkbox"/> A Corporation <input type="checkbox"/> A Partnership <input type="checkbox"/> An Individual <input type="checkbox"/> Other Legal Entity _____		11. If a corporation or partnership, give name, title, and home address of officers or partners. <table border="1"><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>		<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>													
_____	_____	_____													
_____	_____	_____													
_____	_____	_____													
12. Person Directly Responsible for Daily Operations (Owner, Person-in-Charge, Supervisor, Manager, etc.)															
Name & Title:															
Address:															
Telephone Number:		Fax:													
Emergency Telephone Number:		Email:													
13. District or Regional Supervisor (if applicable)															
Name & Title:															
Address:															
Telephone Number:		Email:													

Food Establishment Information

16. Water Source: Town water or private well? DEP Public Water Supply Number for well (if applicable):		17. Sewage disposal: Town sewer line or private septic system?	
18. Days and Hours of Operation:		19. Number of Food Employees:	
20. Name of Person-in-Charge Certified in Food Protection Management: (Attach copy of certificate)			
21. Name(s) of Person(s) Trained in Anti-choking Procedures (if 25 seats or more):			
22. Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		23. Length of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal (Dates: _____) <input type="checkbox"/> Temporary (Dates and Time: _____)	
24. Food Operations & Categories: *Definitions: PHFs – potentially hazardous food (time/temperature controls required) (Check all that apply) Incidental Retail Food – sale of commercially prepackaged non-PHFs incidental to primary business (e.g. gas station selling soda and candies only, liquor store selling chips) Consumer self-service – salad bar, hot bar, buffet, etc.			
Restaurants & Food Service: <input type="radio"/> Food Service (Take out or Delivery only, no seating) <input type="radio"/> Food Service (_____ seats) <input type="radio"/> Bakery <input type="radio"/> Consumer self-service*		Markets & Retail Food: <input type="radio"/> Food Service (Take out only) <input type="radio"/> Food Retail (Incidental*) <input type="radio"/> Food Retail (Under 5,000 Sq. Ft.) <input type="radio"/> Food Retail (5,000 – 10,000 Sq. Ft.) <input type="radio"/> Food Retail (Over 10,000 Sq. Ft.) <input type="radio"/> Delicatessen <input type="radio"/> Bakery <input type="radio"/> Consumer Self-service* <input type="radio"/> Milk / Cream	
Temporary Food (operates for a period of no more than 14 consecutive days in conjunction with a single event) (choose one): <input type="radio"/> Commercially Prepackaged Non-PHFs only <input type="radio"/> All others		Other: <input type="radio"/> Catering (Base of operation) <input type="radio"/> Catering (In addition to onsite Food Service) <input type="radio"/> Frozen Dessert Manufacturing <input type="radio"/> Residential Kitchen <input type="radio"/> Church / Senior Center <input type="radio"/> School Cafeteria Mobile Food Vendor (choose one): <input type="radio"/> Commercially prepackaged food only (e.g. prepackaged ice cream trucks) <input type="radio"/> All others (e.g. canteen trucks) (Each vehicle will need a separate permit)	
25. Do you use any process requiring a Variance and/or HACCP Plan? (Check all that apply)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Vacuum Packaging</div> <div style="width: 33%;"><input type="radio"/> Time as a Public Health Control</div> <div style="width: 33%;"><input type="radio"/> Acidification of PHFs as a way of Preservation</div> <div style="width: 33%;"><input type="radio"/> Smoking of PHFs as a Way of Preservation</div> <div style="width: 33%;"><input type="radio"/> Curing of Meat</div> <div style="width: 33%;"><input type="radio"/> Other (please specify):</div> <div style="width: 33%;"><input type="radio"/> Sprouting Seeds or Beans</div> <div style="width: 33%;"><input type="radio"/> Live Molluscan Shellfish Tanks</div> </div>			

To be completed by the Board of Health

Total Permit Fee: \$100.00

(Payment is due with application. Payable to Town of Hudson)

****Please complete all information requested. Incomplete applications will be returned.****

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 105CMR590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105CMR590.000 and the federal Food Code.

26. Signature of Applicant: _____

Pursuant to M.G.L. 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.

27. Social Security Number or Federal ID Number: _____

28. Signature of Individual or Corporate Name: _____