

Tele: 508-764-4252
Fax: 508-764-5407



Health Department
41 Elm Street

TOWN OF SOUTHBRIDGE
SOUTHBRIDGE, MASSACHUSETTS 01550-2638

Food Service and Retail Food Permit Application

Renewal ___ New* ___ *New businesses must meet with Health Director & file application at least 30 days prior to opening.			
1) Business Name:			
2) Business Location:		Email Address:	
3) Mailing Address: (if different)			
4) Business Telephone No.:		Business Fax No.	
5) Owner Name & Title:			
6) Owner Telephone No.:			
7) 24 Hour Emergency No.:			
8) Business Owned By:		9) If a corporation or partnership, give name, title, and address of officers or partner:	
An association	<input type="checkbox"/>	Name	Title
		Mail Address _____	
An association	<input type="checkbox"/>		
A Corporation	<input type="checkbox"/>		
An Individual	<input type="checkbox"/>		
A Partnership	<input type="checkbox"/>		
Other legal entity	<input type="checkbox"/>		
10) Person Directly Responsible For Daily Operations: (Owner, Person in Charge, Supervisor, Manager, etc.)			
Name & Title:			
Address:			
Telephone No.:		Emergency No.:	Fax:
11) District or Regional Supervisor:			
Name & Title:			
Address:		Telephone No.:	Fax:
12) Days and Hours of Operation:		No. of Food Employees:	
Length of Permit (check one): <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:			
13) List Name of Certified Food Protection Manager and Attach Copy of Certificate:			
(At least 1 full-time equivalent required)			

14) List Name(s) of Person(s) Trained in Anti-Choking Procedures And Attach Copy of Card(s):

(Required if 25 seats or more)

15) Establishment Type -Fee Schedule: (check all that apply)

Mobile Food Vendor	\$75.00
Catering (as accessory to an otherwise Southbridge permitted food service establishment)	\$50.00
Catering	\$100.00
Grocery Store	\$300.00
Market	\$200.00
Convenience Store	\$150.00
Residential Public Kitchen	\$100.00
Limited food retail	\$50.00
Food Service	\$200.00
Temporary Food	\$25.00
Milk and Cream	\$50.00
Frozen Dessert and Ice Cream	\$50.00
Seasonal Food Service	\$50.00
Summer Camps	\$100.00
Farmers Market (6 months)	\$50.00

Checks payable:

Town of Southbridge

MENU provided

NOTE: Signature needed:

Town Treasurer/Tax Collector _____ For all permits/licenses per MGL. c 40, sec 57

16) Review of Operations: (check all that apply)

<input type="checkbox"/> Sale of Commercially Pre-Packaged, Non-potentially Hazardous Foods	<input type="checkbox"/> Sale of Commercially Pre-packaged Potentially Hazardous Foods
<input type="checkbox"/> Preparation of Potentially Hazardous Foods	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Delivery of Potentially Hazardous Foods	<input type="checkbox"/> Customer Self-Service (ie. salad bar, coffee service, soups)
<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	<input type="checkbox"/> Preparation of Non-Potentially Hazardous Foods

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the establishment. I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.

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

Signature of Applicant: _____ Date: _____

F.I.D. # or Social Security # : _____