

EMPLOYEE NAME AND TITLE:	CHECK ALL THAT APPLY:	EXPIRATION DATE:
	<input type="checkbox"/> CERTIFIED FOOD PROTECTION MANAGER	
	<input type="checkbox"/> ALLERGEN AWARENESS TRAINING	
	<input type="checkbox"/> CHOKE SAVING/ CPR TRAINING (required for establishments with 25 seats or more)	

Additional Documentation to be submitted with the Food Permit Application:

- A copy of the certification showing that a person-in-charge has completed a food safety manager training program; and
- An allergen awareness training program (unless you qualify for an exemption)
- Food establishments with 25 seats or more must include a copy of their certification demonstrating training in anti-choking procedures (see M.G.L. c. 94, § 305D)
- Please also enclose any other materials regarding procedures, design or other special operations not already covered in this application
- Temporary food events and vendors must complete and submit the Bourne Board of Health Temporary Food Permit Application and Checklist
- New food establishments must also complete and submit the Bourne Board of Health Food Permit Plan Review Checklist
- Please enclose documentation if you lease or rent a commercial kitchen (shared kitchen or incubator)

For questions or the full amended regulations of 105 CMR 590.00: State Sanitary Code, Chapter X – Minimum Sanitation Standards for Food Establishments, please visit www.townofbourne.com/health or <https://www.mass.gov/lists/proposed-amendments-to-regulations-sanitation-standards-for-food-establishments-retail-food>

I have examined the above application and certify the information to be true and correct, and that in operating this food service establishment I agree to comply with all applicable laws and regulations relative thereto. I hereby grant the Town of Bourne Board of Health permission to access the establishment, its records, and to conduct unannounced inspections of my food establishment. I understand that failure to comply with official orders of the Board of Health will result in denial, suspension, modification, or revocation of the permit.

Applicant Signature _____ **Date** _____

Print Name _____ **Title** _____

FOR OFFICE USE ONLY

Checked By _____ **Permit #** _____ **Date Issued** _____

Comments: _____
