

Terri A. Guarino Health Agent

EMPLOYEE NAME AND

TITLE:

TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue Buzzards Bay, MA 02532

www.townofbourne.com/health Phone (508) 759-0600 ext. 1513 Fax (508) 759-0679



--FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION -- PLEASE READ CAREFULLY -

- Application fee is non-refundable. Cash or check payable to the Town of Bourne required. Permits may not be prorated or transferred. Please print legibly.
- Food establishment Permit Applicants must submit this application, supplemental information, and the required fee a minimum of 30 days in advance for processing.
- Applicants who fail to renew food permits or who operate food establishments without required permits shall be assessed a fee and may require a hearing before the Board of Health for violation of Bourne Board of Health Regulations and 105 CMR 590.000. All blanks MUST be filled in and application signed.

 Incomplete applications will be returned for corrections/ completion and delay the issuance of a permit. Valid certificates must be attached for it to be deemed complete

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Name of Food Establishment						Establishment Phone Number		
Food Establishment Addres	S				Establis	shment E-mail	l Address	
Mailing Address (if differen	t from above)				Applica	nt's E-mail A	ddress	
Applicant Name and Title					Applica	nt's Phone Nu	ımber	
Owner's Name (list all persons comprising legal ownership) Owner's Telephone Number						lumber		
Owner's Mailing Address (if different) Owner's E-mail Address						ress		
Emergency Contact Person Name & Title Emergency Contact Telephone Number(s) Other E-mail Address						s		
Dates of Operation					Hours o	of Operation		
# of SeatsIndoo Outdo		nal □ YES □ NO	Liquor Licer	nse			eptible □ YES Served □ NO	
Type of Establishment:		Fee:	Amount Due:	Type of Establishment:		Fee:	Amount Due:	
RETAIL FOOD	0 - 300ft ² 301- 1000 ft ²	\$40.00 \$75.00		BAKERY	PRIMARY SECONDARY	\$100.00 \$50.00		
	1,001 - 1,999ft ² 2,000ft ² or more	\$100.00 \$200.00		CATERING	PRIMARY SECONDARY	\$100.00 \$50.00		
FOOD SERVICE ESTABLISHMENT	0 - 49 seats 50 - 99 seats	\$150.00 \$200.00		RESIDENTIAL KITCHEN		\$50.00		
	100+ seats	\$250.00		COTTAGE FOOD MOBILE FOOD VENDOR		\$100.00		
ICE CREAM/ FROZEN DESSERT	PRIMARY SECONDARY	\$100.00 \$40.00		LATE CHARGE	WEEKLY	\$50.00		
MANUFACTURER		Ψ.0.00		TOTAL DUE WITH A	PPLICATIO	ON:		

Current Person-in-Charge Certified in Food Protection Management *ATTACH COPY OF VALID CERTIFICATES

☐ CHOKE SAVING/ CPR TRAINING (required for establishments with 25 seats or more)

CHECK ALL THAT APPLY:

☐ CERTIFIED FOOD PROTECTION MANAGER ☐ ALLERGEN AWARENESS TRAINING

EXPIRATION

DATE:

EMPLOYEE NAME AND TITLE:	CHECK ALL THAT APPLY:	EXPIRATION DATE:
	☐ CERTIFIED FOOD PROTECTION MANAGER	
	□ ALLERGEN AWARENESS TRAINING	
	☐ 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 www.townofbourne.com/health or www.townofbourne.com/health or https://www.mass.gov/lists/proposed-amendments-to-regulations-sanitation-standards-for-food-establishments-retail-food">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 ON	T V		
	FOR OFFICE USE ON	LY		
Checked By	Permit #	Date Issued		
Comments:				