Terri A. Guarino
Health Agent

TOWN OF BOURNE
BOARD OF HEALTH

24 Perry Avenue
Buzzards Bay, MA 02532
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Phone (508) 759-0600 ext. 1513
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– 2016 FOOD SERVICE ESTABLISHMENT PERMIT APPLICATION -- *PLEASE READ CAREFULLY* –

INSTRUCTIONS:
- Application fee is non-refundable. Cash or check payable to the Town of Bourne required.
- Please print legibly. All blanks MUST be filled in and application signed by the owner/ operator.
- Applicants failing to submit this application and the required fee within thirty days of the expiration date on the existing permit shall be assessed a late charge of $25.00 and may require a hearing before the Board of Health.
- Incomplete applications will be returned for corrections/ completion and delay the issuance of a permit.
- Permits to operate a Food Service Establishment expire on an annual basis and may not be prorated or transferred.

Name of Facility		**Facility Phone Number**
Location Address		**Facility Fax Number**
Mailing Address		**E-mail Address**
Dates of Operation		**Hours of Operation**
Owner's Name	**Owner's Mailing Address (if different)**	**Owner's Telephone Number**
Emergency Contact Person(s)	**Emergency Contact Telephone Number(s)**	**E-mail Address**

Water Supply ☐ PUBLIC ☐ PRIVATE **Sewage Disposal** ☐ PUBLIC ☐ PRIVATE **Date of last Grease Trap Pumpout** _____ **Liquor License** ☐ YES ☐ NO **# of Seats** _____

**Type of Establishment:

Type of Establishment:		Fee:	Amount Due:
RETAIL FOOD	0 - 300ft²	**$40.00**	
	301- 1000 ft²	**$75.00**	
	1,001 - 1,999ft²	**$100.00**	
	2,000ft² or more	**$200.00**	
FOOD SERVICE ESTABLISHMENT	0 - 50 seats	**$150.00**	
	50 - 99 seats	**$200.00**	
	100+ seats	**$250.00**	

Type of Establishment:		Fee:	Amount Due:
BAKERY	PRIMARY	**$100.00**	
	SECONDARY	**$50.00**	
CATERING	PRIMARY	**$100.00**	
	SECONDARY	**$50.00**	
RESIDENTIAL KITCHEN		**$50.00**	
LATE CHARGE		**$25.00**	
TOTAL DUE WITH APPLICATION:			

Ownership and Certified Food Service Manager Information *(List additonal managers' information on back of this form) *ATTACH COPY OF CERTIFICATES**

EMPLOYEE NAME AND TITLE:	CHECK ALL THAT APPLY:	EXPIRATION DATE:
	☐ CERTIFIED FOOD PROTECTION MANAGER	
	☐ ALLERGEN AWARENESS TRAINING	
	☐ CHOKE SAVING/ CPR TRAINING	
	☐ CERTIFIED FOOD PROTECTION MANAGER	
	☐ ALLERGEN AWARENESS TRAINING	
	☐ CHOKE SAVING/ CPR TRAINING	

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. I hereby grant the Town of Bourne Board of Health permission to conduct unannounced inspections of my food service establishment at any time deemed appropriate by regulating authority. I understand that if critical violations are found to exist at my food establishment I will be charged a re-inspection fee of $100.00 payable to the Town of Bourne within twenty-one days of notice. 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*** _____