



TOWN OF HOPEDALE

Board of Health

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

REQUIREMENTS FOR PERMIT TO OPERATE FOOD ESTABLISHMENT

Submit to Board of Health:

1. Completed Permit Application
2. Appropriate Fee: Non-refundable
3. Copy of Business License
4. Copy of Certificate of Liability Insurance
5. Allergen Awareness Training Certificates
6. Serve-Safe Certifications

The above documents must be submitted at the same time.



TOWN OF HOPEDALE

Board of Health

78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747

Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Please print:

Check one: ☐ Initial ☐ Renewal

Date: _____

Name of Establishment: _____

Business Address: _____

Mailing Address, if different: _____

Phone No.: _____ **Email:** _____
(required)

Name & Title of Applicant: _____

Name of Owner, if different from applicant: _____

Address of Applicant: _____

If corporation or partnership, give name, title and home address of partners/officers:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of Incorporation: _____

Name & Address of Local Agent: _____

Emergency Response Person:

Name: _____

Home Address: _____

Phone No.: _____ Email: _____

Type of Establishment (check one):

- ☐ Retail Food ☐ Food Service ☐ Caterer ☐ Mobile Service
☐ Residential

Note: Applications for mobile food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach on a separate sheet.

Duration of Permit:

- ☐ Annual ☐ Seasonal ☐ Temporary

Dates of Operation, if not annual: _____

Additional Information:

Water Source: _____ Sewage Disposal: _____

Days & Hours of Operation: _____

If Restaurant:

Number of seats: _____

Person trained in anti-choking procedures (if 25 seats or more) ☐ Yes ☐ No
(A person trained in anti-choking procedures must be available during all hours of operation)

Number of employees that are Certified Food Protection Managers: _____
(Must be available during all hours of operation)

Date Certificate Expires: _____

Signature of Applicant: _____

Pursuant to M.G.L., Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state fees required under the law. I also certify that all employees of this establishment are in full compliance with all applicable medical and health requirements that are mandated by the United States Government and the Commonwealth of Massachusetts.

Social Security Number
OR
Federal Identification Number

Signature of Individual
OR
Corporate Name

By: _____
Corporate Officer, if applicable

Please note: All necessary approvals needed to open establishment must first be obtained from the appropriate department/office prior to obtaining Board of Health approval to open establishment.

Other approvals that may be needed prior to opening include, but are not limited to: Fire Department, Building Inspector, Plumbing, Electrical, and Common Vehicular from Selectmen's Office.

Fee: \$ _____ Payment is due with application

For Board of Health Use Only

Date Received: _____

Dated Inspected: _____

Approved by:

Signature

Title

Permit #: _____

Date Permit Issued: _____

Permit Expires on: _____