Town of Winchester

Board of Health Office
71 Mt. Vernon Street
Winchester, MA 01890
Tel: 781-721-7121
Fax: 781-729-1794

To be completed by the Board of Health
Total Permit Fee:_____
Date fee received: _____
Check #:_____

2020 Food Establishment Permit Application
Permit fee due with application

1) Establishment Name:
2) Establishment Address: **Establishment Phone#:**
3) Days and Hours of Operation:
4) Mailing address (if different):
5) Email address (required):
6) Owner Name and Title:
7) Owner Home Address:
8) Owner Telephone No.:   **24hr Emergency #:**
9) Establishment Owned By: Individual   Association   Corporation   Partnership   Other, Specify:

10) If a corporation or partnership, give name, title and home address of officers or partners.

Name	Title	Home Address
1)		
2)		

11) Person Responsible for Daily Food Operations (Full time Person in Charge/PIC, owner, manager,etc.):

Name & Title:	
24 Hr. Tel.No for PIC:	Email address for PIC:

12) Name(s) of person(s) who are Certified Food Protection Managers:
 (*new* establishments submit copies of certificates)

Name:	Date of Expiration:
Name:	Date of Expiration:

13) Person(s) who have received Allergen Awareness Training (*new* establishments submit copy of certificate):

Name:	Date of Expiration:
Name:	Date of Expiration:

14) No. of Seats in establishment: _____
Person Trained In Anti-Choking Procedures (if 25 seats or more):   ☐ Yes   ☐ No ☐ Not Applicable
If yes, *new* establishments please submit copy of training certificate(s).

See other side

Food Establishment Information

15) Do you have a plan in place for excluding and restricting food employees from working if they become ill, including, but not limited to, a "Food Employee Reporting Agreement?" Yes   No

16) Do you have a plan in place in case of an emergency (power outage, sewer back-up, water service interruption or fire)? A plan would include keeping the food safe and prevent any food-borne illness to the public.
Yes   No

17) If Supermarket/Large Retail Operation (Category 4A), provide the total square footage of establishment:

18) Permit Fees:
(Note: TCS = Time/Temperature Control for Safety Food)

- ☐ Risk Category **1:** $75
  (pre-packaged food with ltd TCS or Residential Kitchen)
- ☐ Risk Category **2**: $150, plus $1.00 per seat
  (fast service operations, ltd menu, schools) Note: no charge for public schools
- ☐ Risk Category **3**: $200, plus $1.00 per seat
  (full service restaurant, complex menu or other)
- ☐ Risk Category **4**: $250, plus $1.00 per seat
  (serves highly susceptible population, preschool or other)
- ☐ Risk Category **4A** (Supermarket/Large retail): $150, plus $1.00 per sq.ft.

- ☐ Function Hall Kitchen: $75

- ☐ House of Worship Kitchen: $35

- ☐ Farmers Market – Multi Vendor (Non-TCS): $150

Annual inspections will be conducted based on the risk level of your establishment and the number of inspections will correspond to the risk category number. These inspections will be unannounced and may take place during evening hours, on a weekend or holiday and during food preparation times. The expectation is that the PIC for the establishment will meet with the Health Inspector for the inspection. For more information, see *FC 8-402.11.*

- **Late license renewal fee: $10 per each day overdue.**

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code. For copies of applicable regulations, go to: www.winchester.us.

20) Signature of Applicant: _____

   Print Name, if different than owner: _____

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

21) Social Security # or Federal ID #: _____

22) Signature of Owner or Corporate Name: _____