

## Town of Monterey Board of Health

### APPLICATION FOR FOOD SERVICES PERMIT Date \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Facility Address \_\_\_\_\_

Write full name(s) of Certified Food Service Operator(s): \_\_\_\_\_

Operator's Address \_\_\_\_\_ Phone \_\_\_\_\_

| Type  | Fee       | Type               | Fee       |
|---|-----------|--------------------|-----------|
| Food Service  | \$50 each | Mobile Food Vendor | \$50 each |
| Retail Food   | \$50 each | Bakery             | \$50 each |
| Catering  | \$50 each | Bed & Breakfast    | \$50 each |
| Common Victualler's   | \$50 each | Frozen Dessert     | \$50 each |
| Tobacco Sales (must receive tobacco regs and sign receipt of) | \$50 each |                    |           |

**Note: For Caterers: Write in name of licensed base of Operations:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

*A COPY OF YOUR FOOD SAFETY CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION.*

**(Required for all Food Service, Bakery, Catering and Mobile Food License Holders effective January 1, 1998.)**

**NEW FOR 2011** The Massachusetts Department of Public Health / Bureau of Environmental Health/Food Protection Program has developed a regulatory program to implement M.G.L. c. 140, section 6B, "Food allergy awareness," in all food establishments in the Commonwealth that are licensed common victuallers or inn holders serving food. As part of this program, Department regulation Section 105 CMR 590.009(H)(3)(a) of the new regulation reads:

“By February 1, 2011, such food establishments shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.”

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

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Please Print Name Here

Date\_\_\_\_\_

\_\_\_\_\_  
BOH Approval Signature

Date\_\_\_\_\_ **TOTAL AMT DUE: \$**\_\_\_\_\_

**PAYMENT IS DUE WITH APPLICATION. PLEASE MAKE CHECKS PAYABLE TO “TOWN OF MONTEREY”**