

Town of Monterey Board of Health

APPLICATION FOR FOOD SERVICES PERMIT Date _____

Company Name _____ Phone _____ Fax _____

Owner's Name _____ Email _____

Mailing Address _____

Facility Address _____

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

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

Permits Requested:

Type		Fee	Type	Fee
Food Service <input type="checkbox"/>	Provide # of Seats:	\$50 each	Catering <input type="checkbox"/>	\$50 each
Retail Food <input type="checkbox"/>	Provide Square Footage:	\$50 each	Bakery <input type="checkbox"/>	\$50 each
Mobile Food Vendor <input type="checkbox"/>	List Towns:		Bed & Breakfast <input type="checkbox"/>	\$50 each
Common Victualler's <input type="checkbox"/>	xxxxxxxxxxxx	\$50 each	Frozen Dessert <input type="checkbox"/>	\$50 each
Tobacco Sales (must receive tobacco regs and sign receipt of) <input type="checkbox"/>	xxxxxxxxxxxx	\$50 each	xxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxx

Note: For Caterers: Write in name of licensed base of Operations: _____

Address _____ **Phone** _____

Effective January 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 NO LATER THAN DECEMBER 31ST. LATE FEES WILL BE ASSESSED FOR EACH DAY BEYOND THE CURRENT PERMIT'S EXPIRATION.

PLEASE MAKE CHECKS PAYABLE TO “TOWN OF MONTEREY”