

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF UPTON - BOARD OF HEALTH
Mail to: B.O.H., 1 Main Street, Box 3, Upton, MA 01568

**Application for Permit to Operate a
Food Establishment**

Name of Establishment: _____

Business Address: _____

Mailing Address: _____

Name & Title of Applicant: _____

Address of Applicant: _____

Telephone Number: _____ Email Address: _____

Emergency Response Contact and Phone Number if different from applicant:

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Type of Establishment – check one:

(PLEASE NOTE: If you are requesting a permit for MOBILE FOOD, please complete the application for mobile food units found on our website or in person at the BOH office.)

RETAIL

FOOD SERVICE

CATERER

RESIDENTIAL

Duration – check one:

Annual (Expires 1 yr from date of approval)

Seasonal (Expires 4 months from date of approval)

Temporary (not to exceed 10 active consecutive days)

PERMIT FEES:

Annual: \$200.00

Annual – pre packaged only: \$100.00

Seasonal: \$75.00

Temporary: \$60.00

This is a two-page application. Failure to complete both pages of the application and include your signature, will delay your permit.

Town of Upton – BOH Application for permit to operate a food establishment

Dates of Operation if Not Annual: _____

Days & Hours of Operation: _____

Water Source (private or Municipal) : _____

Sewerage Disposal (private or Municipal): _____

Certified Pest Control Company: _____

Grease trap Maintenance Pumping Company: _____

If restaurant, number of seats: _____

Person trained in Anti-choking (if 25 seats or more):

(attach certifications) _____

Name(s) of Certified Food Manager: _____

(attach certifications) _____

Allergen Awareness Training Certification Holder: _____

(attach certifications) _____

Pursuant to MGL Ch. 62C, Sec. 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 tax taxes required under law.

Social Security Number or Federal Identification Number:

You are responsible for observing the expiration date of your food permit once issued. Applications should be submitted to us no less than 30 days prior to its expiration. Failure to submit the application before the permit reaches its expiration date may result in a late fee of \$50.00.

Signature of applicant: _____

Printed Name of Applicant: _____

Date: _____

PAYMENT MUST ACCOMPANY THIS APPLICATION IN ORDER TO PROCESS. PLEASE ALSO INCLUDE A COPY OF YOUR CERTIFICATES AND PROOF OF INSURANCE.