



Application for a Food Service Permit

Name of Establishment _____

Address of Establishment _____

Name of Owner _____ Phone _____

Mailing Address _____

Please Complete Both Sides of this Form

Type of Permit	Fee	Applicable Laws
Year-round establishment		
0 to 50 seats	\$30 0	105 CMR 590.000
51 to 200 seats	\$37 5	
More than 200 seats	\$40 0	
Municipal or Charitable Food Establishments		105 CMR 590.000
Public School Cafeteria	\$0	
Temporary or Satellite food service	\$25	
Some on-site preparation	\$25	
Food Bank	\$0	
Catering establishment	\$20 0	105 CMR 590.033
Take out Establishment (Clubs, etc.)		
Seasonal establishment (i.e., summer only)	\$12 5	105 CMR 590.000
Year-Round	\$25 0	105 CMR 590.000
Food Processor (local registration)	\$75	MGL Ch. 94, s 305(c)
Daycare facility (13 or more meals per day)	\$15 0	102 CMR 7.11(2)(a)
Frozen dessert manufacturer	\$10 0	MGL Ch. 94, s. 65H, 105 CMR 561.000
Bed and breakfast kitchen		

More than 3 bedrooms	\$15 0	105 CMR 590.034
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I, the undersigned, hereby apply to the Concord Health Department for the above referenced permit in accordance with MGL, CH 94, s. 328 and 105 SMR 590.000 Minimum Standards for Food Establishment - Chapter 10, Federal Food Code 1999. I certify under the pains and penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes as required under the law

Signature of Applicant

Date of Application

Corporation (state of incorporation _____) Partnership Individual

Name and address of each owner, partner, or corporate officer:

Number	Name	Title	Home Address	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Local agent of partnership or corporation, if applicable:

Name _____ Phone _____

What is the total number of seats in the establishment? _____

If there are 25 seats or more in the entire establishment, what are the names of the employees who are trained in anti-choke procedures?

- *Attach copy of valid Serve-Safe Certification
- *Attach copy of valid Allergy Awareness Certification