

Form G1

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		
<input type="checkbox"/> 0 to 50 seats	\$300	105 CMR 590.000
<input type="checkbox"/> 51 to 200 seats	\$375	
<input type="checkbox"/> More than 200 seats	\$400	
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	
<input type="checkbox"/> Catering establishment	\$200	105 CMR 590.033
Take out Establishment (Clubs, etc.)		
<input type="checkbox"/> Seasonal establishment (i.e., summer only)	\$125	105 CMR 590.000
<input type="checkbox"/> Year-Round	\$250	105 CMR 590.000
<input type="checkbox"/> Food Processor (local registration)	\$75	MGL Ch. 94, s 305(c)
<input type="checkbox"/> Daycare facility (13 or more meals per day)	\$150	102 CMR 7.11(2)(a)
<input type="checkbox"/> Frozen dessert manufacturer	\$100	MGL Ch. 94, s. 65H, 105 CMR 561.000
Bed and breakfast kitchen		
<input type="checkbox"/> More than 3 bedrooms	\$150	105 CMR 590.034

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:

Name Title Home Address Phone Number

Local agent of partnership or corporation, if applicable:

Name _____ Phone _____

Address _____

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