



City Of North Adams  
 10 Main St.  
 North Adams, MASSACHUSETTS 01247  
 (413) – 662 - 3000 ext. 3020  
**Board of Health**

**APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT**

1) Establishment name: \_\_\_\_\_ Fed. EID# or SSN: \_\_\_\_\_

2) Establishment address: \_\_\_\_\_

3) Establishment telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4) Mailing address (if different): \_\_\_\_\_

5) Applicant name and title: \_\_\_\_\_ Email: \_\_\_\_\_

6) Applicant address: \_\_\_\_\_ Telephone: \_\_\_\_\_

7) Owner name (If different from applicant): \_\_\_\_\_ Email: \_\_\_\_\_

8) Owner address (If different from applicant): \_\_\_\_\_

9) Corporate or Partner list information below: (use back of page if necessary)

Name and Title \_\_\_\_\_ Telephone \_\_\_\_\_

10) Person(s) directly responsible for daily operations:

Name & Title \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ 24 hr. Emergency Telephone \_\_\_\_\_

11) Number of employees certified as Food Protection Manager: \_\_\_\_\_ (attach copy of certificates)

12) Number of employees trained in Allergen Awareness: \_\_\_\_\_ (attach copy of certificates)

13) Number of employees trained in Anti-Choking Procedures (if 25 seats or more): \_\_\_\_\_ (attach copy of certificates)

14) Type of Business (check all that applies):

Permit Type	Fee	Permit Type	Fee
<input type="checkbox"/> Food Service 0-30 Seats	\$100.00	<input type="checkbox"/> Frozen Dessert	\$50.00
<input type="checkbox"/> Food Service 31+	\$150.00	<input type="checkbox"/> Retail food – 0-49 ft <sup>2</sup>	\$50.00
<input type="checkbox"/> Residential Kitchen	\$100.00	<input type="checkbox"/> Retail food – 50-99 ft <sup>2</sup>	\$100.00
<input type="checkbox"/> Catering	\$100.00	<input type="checkbox"/> Retail food – 100+ ft <sup>2</sup> (maximum fee: \$500.00)	\$100.00 + \$4 per 100 ft <sup>2</sup>
<input type="checkbox"/> Mobile (Food Truck)	\$100.00	<b>Estimated retail square footage:</b>	

15) Days and Hours of Operation: \_\_\_\_\_

16) Meals to be served (check all that apply):     Breakfast     Lunch     Dinner

17) Number of seats: \_\_\_\_\_

18) Number of staff (Maximum per shift): \_\_\_\_\_ Number of food employees: \_\_\_\_\_

19) Check which applies:     Permanent Structure     Mobile

21) Brief description of food operations (Use back of this page if necessary).


22) Food Operations Check list (check all that apply)

- Retail sale of commercially pre-packaged **Non-TCS**
- Retail sale of commercially pre-packaged **TCS**
- Preparation of **TCS** for eat in or take out (**CFPM** required)
- Offers **RTE TCF** in bulk quantities for catering pick up (**CFPM** required)
- TCF** cooked to order or served raw or undercooked (**CFPM** and **Consumer Advisory** required)
- Preparation of **Non-TCF** (coffee, hot dogs)
- Food/Single meals for catered events (**CFPM** required)
- Frozen Dessert (**CFPM** required)
- Type of Operation requiring a Board of Health **Variance** and/or **HACCP Plan** approval:
  - Use of unpasteurized shell eggs prepared for highly susceptible population (**variance & HACCP Plan** required)
  - Use food additives for preservation (i.e. acidification of sushi rice) (**variance & HACCP Plan** required)
  - Smoking for preservation (**variance & HACCP Plan** required)
  - Curing (**variance & HACCP Plan** needed)
  - Preparing and serving raw molluscan shellfish (**HACCP Plan** required)
  - Custom processing of animals (**variance & HACCP Plan** required)
  - Molluscan shellfish tanks (**variance & HACCP Plan** required)
  - Reduced oxygen packaging with barriers – ROP or vacuum packaging (**variance & HACCP Plan** required)
  - Time as a Public Health Control (**variance & HACCP Plan** required)
  - Preparing and serving raw molluscan shellfish (**HACCP Plan** required)

**Caterer and Mobile Food Vehicle must provide with this application:**

- Proposed Menu**
- Current Food Establishment Permit**
- Most Recent Inspection Report**
- Copy of Hawker’s License (Mobile Food Vehicle Only)**

**How is food transported to event to ensure correct product temperature, hot foods are kept above 135°F and cold foods are kept below 41°F?**


\_\_\_\_\_  
**Signature of Applicant, Owner, or Corporate Officer**

\_\_\_\_\_  
**Date**

**Definitions:**

**TCS** – Food that requires time/temperature control for safety to limit pathogenic micro-organism growth or toxin formation (formerly ‘PHF - potentially hazardous food’)

**Non-TCS** – foods that require no time or temperature controls for safety

**RTE** – ready-to-eat foods (ex. sandwiches, salads, muffins, French fries. etc. which need no further processing)

**Highly Susceptible Population (HSP)** - A group of persons who are more likely than other populations to experience food borne disease because they are immune-compromised, or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home, or children in day care or elementary school.

**CFPM** – Certified Food Protection Manager

**Consumer Advisory** – Written information concerning the safety of raw or undercooked food

**HACCP Plan (Hazard Analysis Critical Control Point Plan)** – Written document delineating HACCP principles in use

**Variance** – Written document issued by the Board of Health