



City of Beverly

BOARD OF HEALTH
90 COLON STREET
BEVERLY, MASSACHUSETTS 01915

William T. Burke III, R.S., C.H.O.
Director of Public Health

FOOD PERMIT APPLICATION

Telephone (978) 921-8591
Fax (978) 922-5695

***Application must be filled out completely. Permits cannot be issued if application is not complete.**

Date: _____ Email address: _____
Name of Establishment: _____
Business Address: _____ Tel: _____
Mailing Address (if different): _____
Address of Applicant: _____
Name of Owner: _____
Person in charge certified in Food Protection Management (Food Establishments Only). *Please attach copy of certificate.*
(Name) (Cert.#) (Phone #)

Number of Seats: _____ Persons Trained in Anti-Choking Procedures (if 25 seats or more) Yes _____ No _____

If Corporation or partnership; list name, title & home address of officers or partners. (Please attach, if necessary)

Name Title Home Address

State of Incorporation: _____ Name & Address of Local Agent: _____
Emergency Response Person: Name: _____ Home Phone: _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Other Permits Needed</u>	<u>Fee</u>
Retail Food _____	_____	Milk _____	<u>\$10.00</u>
Food Service _____	_____	Frozen Dessert _____	<u>50.00</u>
Caterer _____	_____		
Residential _____	_____		
Mobile Food _____	_____		
Total Payment Due With Application			_____

Duration of Permit: Annual _____ *Temporary _____ Seasonal _____ Dates of Operation _____
*Date & Location _____

*Applications for mobile food units or pushcarts must include a list of the hand-washing and toilet facilities available on each route. Attach separate sheet.

Additional Information

Water Source _____ Sewage Disposal _____ Hours of Operation _____

(Signature of Applicant)

Pursuant to MGL Ch, 62C, S49A, 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.

Social Security Number or Federal Identification Number _____

(Signature of Individual or Corporate Name)

(Corporate Officer, if Applicable)



CITY of BEVERLY
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Public Health
 Prevent. Promote. Protect

Mayor

Michael P. Cahill

Director of Public Health

William T. Burke III, RS, CHO

Farmer's Market Application

1. Name of Vendor: _____ Phone Number: _____ Email: _____

Address: _____

2. Dates attending Farmer's Market: _____

3. List **all Food & Beverages** to be sold at market: Potentially Hazardous Food(PHF)
 Ready to Eat (RTE)

FOOD- PHF'S	FOOD-NON PHF'S	BEVERAGES

* Note any changes from the above list must be submitted to the Health Department for approval.

4. If product is other than(whole fruits & vegetables); where is the **processed product** to be prepared:

▶ Name of Facility: _____

▶ Address of Facility: _____

▶ Phone Number: _____

▶ Does the facility have a current permit to operate: (√) Yes: ___ No: ___

(Attach copy of permit with application)

5. Will **Raw Product & (RTE)** be offered for sale at market: (√) Yes: ___ No: ___

If Yes, describe how product will be stored to prevent cross contamination while **transported to the market** and while **at the market**: _____

6. ▶ Type of **vehicle** to be used to transport product to the market: _____

▶ Is the **VEHICLE** to be used a Refrigerated Vehicle (√) Yes: ___ No: ___

▶ If no, will there be refrigeration units **in/on** the vehicle: (√) Yes: ___ NO: ___

▶ If yes,How will refrigeration units be powered: _____

▶ What type/kind of **containers** will be used to **transport** product to the market:

▶ What type/kind of **container** will be used to **store** product at market: _____

7. If refrigeration units are **not** available for use, type of **cooling medium** to be used for **temperature control of product (PHF) during transport and while attending** the market: (√)

▶ Ice: _____ Gel cold packs: _____ Other-Specify: _____

▶ If ice is used, will containers have a drain: (√) Yes: _____ No: _____

▶ Where is the ice obtained: _____

8. Describe **monitoring procedures & methods** to be in place to ensure **(PHF)** that requires **temperature control** as listed at #3 is being maintained at proper **cold holding temp.**

9. If the product(s) is **not individually packaged**, describe how the product is to be **displayed** at the market to protect 'product' from splash, dust, or other contamination: (√) all that apply

▶ Canopy: _____ Lidded/Covered Containers: _____ Sneeze Guards: _____

▶ Other-specify: _____

10. Methods to be used to **dispense un-packaged** bulk items at the market: (√) all that apply

▶ Utensils: _____ Disposable Gloves: _____ Wax Paper: _____ Other-Specify: _____

▶ Stored product/containers need to be above the ground.

▶ If Product is **sold by weight**, the City of Beverly Sealer of Weights & Measures will need to be contacted at 978-921-6095.

11. Will **utensils or equipment** be **used** while at the market: (√) Yes: _____ No: _____

▶ If yes, **list utensils & equipment** that will be in **use** while at the market: _____

▶ Will extra sets of utensils & equipment be available for use: (√) Yes: _____ No: _____

▶ Where/How will in use utensils & equipment be sanitized **prior** to use at the market and how will the utensils be sanitized **during time** at the market: _____

▶ Will sanitizer will be available for use at market: (√) Yes: _____ NO: _____

▶ Will a Test Kit be available to check sanitizer concentration: (√) Yes: _____ No: _____

12. Will a hand washing station be available for use while at the market: (√) Yes: _____ No: _____

▶ If Yes, what is the volume of water to be available for use for hand washing: _____

A container with a spigot required.

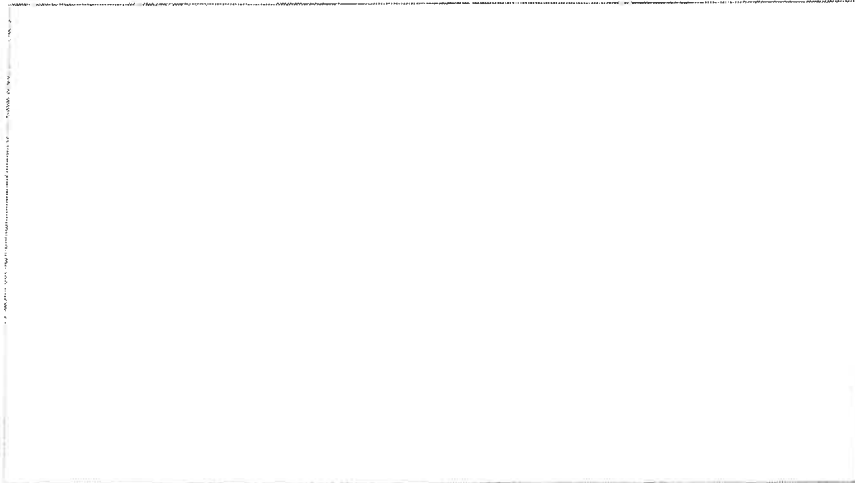
▶ How will the water used for hand washing be collected: _____

13. What information will be included on the labels for your packaged product to be sold: _____

14. From the food listed at #3, will there be any further **preparation or processing** of the product while at the market: (√) Yes: ___ No: ___

▶ If yes, further review by the Health Department will be required for approval.

15. Provide a diagram to depict set-up for product and equipment:



Signature: _____ Print: _____

Date: _____