



**CITY of BEVERLY**  
**BOARD of HEALTH**  
90 Colon Street  
Beverly, Massachusetts 01915  
Phone (978) 921-8591  
Fax (978) 922-5695



**Public Health**  
Prevent. Promote. Protect

Mayor  
Michael P. Cahill  
Director of Public Health  
William T. Burke III, RS, CHO

### Guidelines for Obtaining a Food Establishment Permit in the City of Beverly

Beverly is a business friendly community with a burgeoning number of restaurants and cafes and an increasing number of seasonally held festivals in the City. The health department is available to assist in the process of permitting to operate a restaurant and provides this guideline.

The process towards permitting involves the following:

- ∞ **Step-1: Food Establishment Plan Review Application & Floor Plan.**
- ∞ **Step-2: Pre-opening inspection.**
- ∞ **Step-3: Application for permitting.**

It is preferable to schedule a meeting with the department prior to submission of the Food Establishment Plan Review Application with design plan(if applicable) to: (1) **build or convert** a retail space to a restaurant or (2) **remodel** an **existing** restaurant or (3) **purchase** an **existing** restaurant. The benefit to this is that it provides an opportunity to discuss with an applicant the scope of operation and requirements for permitting **before entering into a commitment**. In addition, because sanitary codes/food codes can change, facility upgrades may be required for an operating business involving only a change in ownership.

A site visit **after** a meeting at the Health Department will provide an opportunity for further discussion of the potential use at the location. This will allow the department to offer guidance as to any work that will be required or considerations for the proposed site based on the menu & scope **before commitment** and submission of the Plan Review Application and Plan Design.

#### Step 1. Submit Food Establishment Plan Review Application with Floor Plan:

∞ Properly completed **plan review application** and **prepared plan submission and specifications** for review and approval prior to construction, conversion or remodel needs to be submitted to the Health Department in accordance with the Commonwealth of Massachusetts State Sanitary Code 105 CMR 590.000 section 590.011: Plan Submission and Approval and Federal Food Code section 8-201.11. Plans need to be submitted a minimum of 30 days prior to start of construction. Plan contents and specifications need to include the following:

- The submitted plan(s) needs to be scaled at 1/4"/ft. The floor plan needs to identify locations for proposed hand sinks, ware washing sinks, food preparation sinks, preparation tables, mop sink, dish machines, refrigerators & freezers, cooking equipment, hot holding equipment, hot water supply/capacity, dry storage shelving, wall shelves, restrooms, etc.
- Numbered equipment key must be on plan to identify equipment on plan.
- Finish schedule for floor, walls & ceilings must be listed on plan.
- Plumbing and Electrical Schematic must be shown on the plan.
- Interior Elevation section details should be shown on the plan.
- Supplemental plan view for product flow of raw food & ready to eat food must be shown on plan.
  - Color/highlight product flow from delivery to dry storage, cooler storage, preparation areas within facility.
- Cut sheets for all equipment identified on design plan must be submitted with plans.
  - Equipment must meet ANSI standards per Food Code 4-205.10.
  - Consideration for quick disconnects for gas cooking equipment and castors on equipment at cook line & shelving should be considered to allow for cleaning around and below equipment.
- Equipment for cooling and heating food, and cold holding food and hot holding food shall be sufficient in number & capacity to provide food temperatures as specified under Food Code Chapter 3 pursuant to Food Code section 4-301.11. Refrigeration storage in (cuft) needed based on menu and anticipated number of meals between deliveries and complexity of menu must be taken under consideration in design. A food consultant can provide assistance.
- Locations for exterior refuse containers, dumpsters or grease barrels must shown on site plan.
- Menu must be submitted with plan with required consumer & allergen advisories shown on menu.
  - HACCP plan and supplemental lab report or variance requests (if applicable) must be submitted.
- Food Establishment Plan Review fee must be submitted with application.

**Step 2: Pre-opening Inspection:**

- ∞ inspections may be made during construction to ensure the approved plan as submitted is being followed. **No changes in the approved plans may be made without prior Health Department approval.**
  - Inspections for permitting by the Health Department should occur after other departments (Building & Fire) have completed inspections.
  - Schedule an appointment a minimum of 1 week prior to anticipated opening to allow time for any necessary repairs before permitting.

**Step 3. Application for permitting:**

- ∞ Depending on the type of operation, the following documents must be submitted with the completed application and payment of applicable fees to the City of Beverly for permit(s).
  - Certified Food Manager Certification. A food handler certificate is not considered a replacement to a certified food manager.
  - Massachusetts Allergen Awareness Certificate.
  - Documentation of Choke Saver Trained person(s). Restaurants with a seating capacity of at least 25 seats are required to have choke saver trained staff at all times of operation.



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**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

1. NAME OF ESTABLISHMENT: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. TYPE OF WORK: (✓) NEW CONSTRUCTION: \_\_\_\_\_ REMODEL: \_\_\_\_\_ CONVERSION: \_\_\_\_\_
4. OWNER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_
  
5. CUT SHEETS FOR EQUIPMENT PROVIDED WITH PLAN: (✓) YES: \_\_\_\_\_ NO: \_\_\_\_\_
  
6. TOTAL SQUARE FEET: \_\_\_\_\_ TOTAL NUMBER OF SEATS: \_\_\_\_\_
  - ▶ KITCHEN/FOOD PREP (SQFT): \_\_\_\_\_
  - ▶ WARE-WASH ROOM (SQFT): \_\_\_\_\_
  - ▶ DRY-STORAGE AREA (SQFT): \_\_\_\_\_
  - ▶ BASEMENT STORAGE (SQFT): \_\_\_\_\_ FOOD PREP. PLANNED IN BASEMENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_ N/A: \_\_\_\_\_
  
7. OPERABLE EXTERIOR WINDOWS PROVIDED WITH SCREENS: (✓) YES: \_\_\_\_\_ NO: \_\_\_\_\_ N/A: \_\_\_\_\_
  - ▶ EXTERIOR DOORS TO FITTED WITH A SCREEN DOOR: YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - ▶ EXTERIOR DOORS TO BE SELF CLOSING YES: \_\_\_\_\_ NO: \_\_\_\_\_
8. FINISH SCHEDULE: (✓)
  - ▶ FLOORS: QUARRY TILE \_\_\_\_\_ CERAMIC TILE \_\_\_\_\_ VCT-TILE \_\_\_\_\_ CEMENT \_\_\_\_\_ OTHER \_\_\_\_\_
  - ▶ WALLS: FRP \_\_\_\_\_ STAINLESS STEEL \_\_\_\_\_ CERAMIC TILE: \_\_\_\_\_ SHEET-ROCK: \_\_\_\_\_
  - ▶ CEILING: VINYL FACED CEILING TILE: \_\_\_\_\_ FRP: \_\_\_\_\_ SHEET-ROCK: \_\_\_\_\_ OTHER: \_\_\_\_\_

\* Finishes need to be smooth, easily cleanable & non-absorbent in food prep. & ware-wash & areas exposed to splatter.
  
9. MENU PROVIDED: (✓) YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - ▶ CONSUMER ADVISORY ON MENU: YES: \_\_\_\_\_ NO: \_\_\_\_\_ N/A: \_\_\_\_\_
  - ▶ ALLERGEN AWARENESS STATEMENT ON MENU: YES: \_\_\_\_\_ NO: \_\_\_\_\_ MENU-BOARD(S): YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - ▶ MENU TO BE POSTED ON WEBSITE: YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - ▶ IF YES: (CONSUMER ADVISORY & ALLERGEN STATEMENT) TO BE POSTED: YES: \_\_\_\_\_ NO: \_\_\_\_\_
  - ▶ MEALS OFFERED: (✓) ALL THAT APPLY: BREAKFAST: \_\_\_\_\_ LUNCH: \_\_\_\_\_ DINNER: \_\_\_\_\_ CATERING: \_\_\_\_\_
  - ▶ NUMBER OF MEALS PREPARED DAILY: BREAKFAST: \_\_\_\_\_ LUNCH: \_\_\_\_\_ DINNER: \_\_\_\_\_ CATERING: \_\_\_\_\_
  
10. TYPE OF FOOD SERVICE OPERATION: (✓) ALL THAT APPLY
  - ▶ RESTAURANT \_\_\_\_\_ RETAIL MARKET \_\_\_\_\_ BAKERY \_\_\_\_\_ CATERER \_\_\_\_\_ SCHOOL \_\_\_\_\_ TAKE-OUT: \_\_\_\_\_ CHURCH: \_\_\_\_\_
  
11. TYPE OF FOOD OFFERED: (✓) ALL THAT APPLY \*
  - ▶ PHF'S: \_\_\_\_\_ PRE-PACKAGED PHF: \_\_\_\_\_ PRE-PACKAGED NON-PHF: \_\_\_\_\_ NON-PHF: \_\_\_\_\_ SALAD BAR: \_\_\_\_\_
  - ▶ SCOOPED ICE CREAM: \_\_\_\_\_ SOFT SERVE FROZEN DESSERT: \_\_\_\_\_

\* POTENTIALLY HAZARDOUS FOOD (PHF)
  
12. ▶ TYPE OF FOOD PREPARED: (✓) ALL THAT APPLY
  - ▶ Ready to Eat WITH NO COOK STEP: \_\_\_\_\_ PREPARATION FOR SAME DAY SERVICE: \_\_\_\_\_
  - ▶ COOKED TO ORDER IE(HAMBURGERS): \_\_\_\_\_ MULTI-COMPLEX MEALS: \_\_\_\_\_ (COOKED, COOLED, RE-HEATED)

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION-PAGE TWO

13. **SPECIALIZED OPERATIONS:**( √ ) ROP:\_\_\_ SOUS-VIDE:\_\_\_ ACIDIFICATION FOR NON-PHF:\_\_\_  
▶ CURING:\_\_\_ TIME AS A PUBLIC HEALTH CONTROL:(Sale of pizza slices held at room temp):\_\_\_  
▶ HACCP PLAN SUBMITTED: YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

14. **PROVIDE A COLOR CHART ON PLAN TO SHOW THE FLOW OF PRODUCT UPON DELIVERY FOR (RAW & RTE) → ( DRY STORAGE/HOLDING COOLERS) AND FROM COOLERS → PREP. AREAS → COOKING/HOLDING/SERVING AREAS ETC. WITHIN OPERATION:**  
▶ **PROVIDE SEPARATE ATTACHMENT IF NECESSARY**  
▶ ( \*\*\*READY TO EAT= (RTE)

IE. ▶ RECEIVING→STORAGE (DRY-COOLERS)  
▶ PREPARATION→COOKING→(COOLING)/HOT-HOLDING→SERVING  
▶ RE-HEATING→HOT HOLDING→SERVING  
▶ IS THERE SUFFICIENT AREAS WITH LAYOUT FOR **FOOD FLOW TO ACCOMODATE RAW & RTE STORAGE & PREPARATION TO PREVENT CROSS-CONTAMINATION:** (√) YES:\_\_\_ NO:\_\_\_

15. **WILL RAW MEATS, POULTRY, SEAFOOD BE STORED IN THE SAME REFRIGERATION AND FREEZERS WITH COOKED/READY TO EAT: (√ ) YES:\_\_\_ NO:\_\_\_**  
▶ **IF YES, HOW WILL CROSS-CONTAMINATION BE PREVENTED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. **COLD HOLDING EQUIPMENT PROVIDED:** (√) **ALL THAT APPLY** NSF LISTED: (√) YES:\_\_\_ NO:\_\_\_  
▶ WALK-IN COOLER:\_\_\_/QTY\_\_\_ WALK-IN FREEZER:\_\_\_/QTY:\_\_\_  
▶ REACH-IN COOLERS:\_\_\_/QTY:\_\_\_ REACH-IN FREEZER:\_\_\_/QTY:\_\_\_  
▶ BLAST-CHILLER:\_\_\_ SALAD BAR:\_\_\_ COLD-WELLS:\_\_\_/QTY:\_\_\_  
  
▶ WALK-IN COOLER (cuft)PROVIDED:\_\_\_\_\_ GAP AT WALL TO BE SEALED: YES:\_NO:\_\_\_  
▶ WALK-IN FREEZER (cuft) PROVIDED:\_\_\_\_\_ GAP AT WALL TO BE SEALED: YES:\_NO:\_\_\_  
▶ REACH-IN COOLERS (cuft) PROVIDED:\_\_\_\_\_  
▶ REACH-IN FREEZER (cuft) PROVIDED:\_\_\_\_\_

▶ IS THERE **ADEQUATE** REFRIGERATION & FREEZER AVAILABLE TO STORE **FROZEN FOODS & REFRIGERATED FOODS** AT PROPER TEMPS; (√) YES:\_\_\_ NO:\_\_\_  
▶ DESCRIBE **METHODS** USED TO DETERMINE **REQUIRED STORAGE CAPACITY** NEEDED:  
\_\_\_\_\_  
\_\_\_\_\_

17. **COOKING EQUIPMENT PROVIDED:** (√) NSF LISTED: YES:\_\_\_ NO:\_\_\_  
▶ RANGE:\_\_\_ FLAT TOP GRILL\_\_\_ FRIALATORS:\_\_\_ CONVECTION OVEN:\_\_\_  
▶ MICOWAVE:\_\_\_ PIZZA OVEN:\_\_\_ CHARBROILER:\_\_\_ STEAMER:\_\_\_ RE-THERMALIZER\_\_\_  
▶ TILTING KETTLE:\_\_\_ OTHER-SPECIFY : \_\_\_\_\_

18. **HOT HOLDING EQUIPMENT PROVIDED:** (√) NSF LISTED YES:\_\_\_ NO:\_\_\_  
▶ STEAM TABLE:\_\_\_/QTY:\_\_\_ HOLDING CABINET:\_\_\_/QTY:\_\_\_

19. **VENTILATION HOOD REQUIRED:** (√) YES:\_\_\_ NO:\_\_\_  
▶ COOKING EQUIPMENT SPACED FOR ADEQUET CLEANING: YES:\_\_\_ NO:\_\_\_  
▶ QUICK DISCONNECTS ON EQUIPMENT TO FACILITATE CLEANING: YES:\_\_\_ NO:\_\_\_  
▶ EQUIPMENT WITH CASTORS TO FACILITATE CLEANING: YES:\_\_\_ NO:\_\_\_

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION-PAGE THREE

20. **SNEEZE SHIELDS PROVIDED FOR SALAD BARS OR SERVICE LINES:** (✓) YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

21. **HAND WASH SINKS SHOWN IN FOOD PREP AREAS:** (✓) YES:\_\_\_ NO:\_\_\_ NUMBER:\_\_\_

▶ **HAND WASH SINKS SHOWN IN WARE-WASH AREA:** (✓) YES:\_\_\_ NO:\_\_\_ NUMBER:\_\_\_

▶ **HAND WASH SINKS SHOWN AT BAR:** (✓) YES:\_\_\_ NO:\_\_\_ NUMBER:\_\_\_ N/A:\_\_\_

▶ **MOUNTED TOWEL & SOAP DISPENSERS PROVIDED:** (✓) KITCHEN:\_\_\_ WAREWASH:\_\_\_ BAR:\_\_\_

22. **BAR AREA PLANNED:** (✓) YES:\_\_\_ NO:\_\_\_

▶ **COLD PLATE SEALED IN PLACE:** YES:\_\_\_ NO:\_\_\_

▶ **THREE-COMPARTMENT SINK IN PLACE:** YES:\_\_\_ NO:\_\_\_

▶ **DISHMACHINE IN PLACE:** YES:\_\_\_ NO:\_\_\_ HIGH-TEMP:\_\_\_ LOW-TEMP:\_\_\_

▶ **IF LOW-TEMP-LOW SANITIZER ALARM IN PLACE:** YES:\_\_\_ NO:\_\_\_

▶ **DUMP-SINK IN PLACE:** YES:\_\_\_ NO:\_\_\_

23. **WARE-WASH EQUIPMENT:** (✓) 3 COMP. SINK: YES:\_\_\_ NO:\_\_\_ DISHMACHINE: YES:\_\_\_ NO:\_\_\_

▶ **THREE-COMPARTMENT SINK SIZED TO ACCOMODATE EQUIPMENT:** (✓) YES:\_\_\_ NO:\_\_\_

▶ **DESCRIBE CLEANING & SANITIZING PROCEDURES TO BE USED FOR EQUIPMENT TOO LARGE TO BE FULLY EMMERSED WITHIN BASINS:** \_\_\_\_\_  
\_\_\_\_\_

▶ **DRAIN-BOARDS PROVIDED FOR 3 COMP. SINK:** YES:\_\_\_ NO:\_\_\_

▶ **GREASE-TRAP PROVIDED FOR 3 COMP. SINK:** YES:\_\_\_ NO:\_\_\_

▶ **SEPARATE STORAGE AREAS FOR DIRTY EQUIPMENT:** YES:\_\_\_ NO:\_\_\_

▶ **PRE-MIXED SANITIZER IN PLACE:** YES:\_\_\_ NO:\_\_\_

▶ **CONNECTED TO HOT WATER LINE:** YES:\_\_\_ NO:\_\_\_

▶ **DISHMACHINE TYPE:** (✓) HIGH TEMP:\_\_\_ LOW TEMP:\_\_\_

▶ **IF LOW TEMP: LOW SANITIZER ALARM IN PLACE:** YES:\_\_\_ NO:\_\_\_

▶ **IF HIGH TEMP. FLOW PRESSURE GUAGE IN PLACE:** YES:\_\_\_ NO:\_\_\_

24. **IS THERE A DESIGNATED AREA TO STORE ALL CLEAN EQUIPMENT & UTENSILS:** (✓) YES:\_\_\_ NO:\_\_\_  
**WHERE WILL CLEAN & SANITIZED EQUIPMENT(POTS, PANS, PLATES, SILVERWARE ETC. BE SAFELY STORED:** \_\_\_\_\_  
\_\_\_\_\_

25. **LOCATION OF HOT WATER TANK SHOWN ON PLAN:** (✓) YES:\_\_\_ NO:\_\_\_

▶ **CAPACITY OF TANK IDENTIFIED:** YES:\_\_\_ NO:\_\_\_

▶ **BTU:**\_\_\_\_\_ **kw:**\_\_\_\_\_ **Capacity:**\_\_\_\_\_

26. **MOP-SINK IDENTIFIED ON PLAN:** (✓) YES:\_\_\_ NO:\_\_\_ **CLIPS IN PLACE TO HANG MOP:**\_\_\_\_\_

▶ **STORAGE SHELF PROVIDED FOR CLEANING SUPPLIES:** YES:\_\_\_ NO:\_\_\_

27. **ICE-MACHINE PROVIDED:** (✓) YES:\_\_\_ NO:\_\_\_

28. **PLUMBING SCHEMATICS DELINEATED ON PLAN:** (✓) YES:\_\_\_ NO:\_\_\_

29. **FLOOR DRAINS SHOWN ON PLAN:** (✓) YES:\_\_\_ NO:\_\_\_

▶ **FLOOR DRAINS NEARBY FOR DRAINAGE AT:**

▶ **WALK-IN COOLER & FREEZER:** YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

▶ **ICE-MACHINE:** YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

▶ **STEAM TABLE:** YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

▶ **SALAD BAR:** YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION-PAGE FOUR

30. **VEGETABLE PREP. SINK PROVIDED:** (√) YES:\_\_\_ NO:\_\_\_ **INDIRECT DRAIN: YES:\_\_\_ NO:\_\_\_**

• **IF NO, DESCRIBE PROCEDURES TO BE USED TO WASH PRODUCE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. **DIPPER WELL IN PLACE FOR SCOOPED ICE CREAM:** (√) YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

32. **CUSTOMER TOILET FACILITIES PROVIDED:** (√) YES:\_\_\_ NO:\_\_\_ **NUMBER:\_\_\_**  
**EMPLOYEE TOILET FACILITIES PROVIDED:** (√) YES:\_\_\_ NO:\_\_\_ **NUMBER:\_\_\_**

33. **WILL LINENS BE WASHED ON SITE:** (√) YES:\_\_\_ NO:\_\_\_ N/A:\_\_\_

34. **ELECTRICAL SCHEMATIC SHOWN ON PLAN:** (√) YES:\_\_\_ NO:\_\_\_

- ▶ **ELECTRICAL OUTLETS PLACED AT LOCATION OF EQUIPMENT:** YES\_\_\_ NO:\_\_\_
- ▶ **LIGHTS ABOVE FOOD PREPARATION AREAS SHIELDED:** YES:\_\_\_ NO:\_\_\_
- ▶ **10 FT.CANDLES PROVIDED AT WALK-IN COOLERS & DRY STORAGE AREAS:** YES\_\_\_ NO:\_\_\_
- ▶ **20 FT. CANDLES PROVIDED AT SELF SERVE AREAS,SALAD BARS,WARE-WASH:YES:\_\_\_ NO:\_\_\_**
- ▶ **50FT CANDLES PROVIDED AT FOOD PREPARATION AREAS:YES:\_\_\_ NO:\_\_\_**

35. **RUBBISH REMOVAL CONTAINERS USED:** (√) **DUMPSTER:\_\_\_ BARRELS:\_\_\_**

- ▶ **GREASE REMOVAL CONTAINERS USED:** (√) **DUMPSTER:\_\_\_ BARRELS:\_\_\_**
- ▶ **FREQUENCY OF REMOVAL OF TRASH: DAILY:\_\_\_ WEEKLY:\_\_\_ OTHER:\_\_\_**
- ▶ **WILL DUMPSTER HAVE AN ENCLOSURE: YES:\_\_\_ NO:\_\_\_**
- ▶ **TYPE OF EXTERIOR SURFACE FOR LOCATION OF DUMPSTER OR BARRELS:\_\_\_\_\_**
- ▶ **DESCRIBE HOW GARBAGE BARRELS AND FLOOR MATS IF USED ARE TO BE CLEANED TO REMOVE SOIL AND LOCATION FOR CLEANING:\_\_\_\_\_**

36. **LOCATION FOR REFUSE CONTAINERS SHOWN ON PLAN:** (√) YES:\_\_\_ NO:\_\_\_

37. **PEST CONTROL SERVICES TO BE USED:** (√) YES:\_\_\_ NO:\_\_\_  
▶ **FREQUENCY OF SERVICES: MONTLY:\_\_\_ QUARTERLY:\_\_\_ OTHER:\_\_\_**

38. **LOCKERS OR SEPARATE AREA PROVIDED FOR STAFF BELONGINGS:** (√) YES:\_\_\_ NO:\_\_\_

39. **WILL THERE BE ANY EXTERIOR CONDENSER UNITS IN PLACE:** (√) YES:\_\_\_ NO:\_\_\_

40. **NUMBER OF CHOKE-SAVER TRAINED EMPLOYESS IF >25 SEATS:\_\_\_\_\_ N/A\_\_\_\_\_**  
**NUMBER OF SERVE SAFE TRAINED EMPLOYEES:\_\_\_\_\_**

41. **ACTIVE MANAGERIAL CONTROL OR STANDARD OPERATING PROCEDURES IN PLACE:** (√) YES\_\_\_ NO:\_\_\_

(ie. Refrigerator logs, temp.cooling logs for cooked items, hot & cold holding food temp. logs etc)  
**IF YES, WHAT IS THE FREQUENCY OF MONITORING DURING THE COURSE OF A SERVICE:** (√) **DAILY:\_\_\_**  
**2X/DAY:\_\_\_ 3X/DAY:\_\_\_ 4X/DAY:\_\_\_**

42. **DESCRIBE FROM THE EQUIPMENT LISTED AT #16 & #27 TO BE PROVIDED, THE METHODS AND PROCEDURES TO BE USED TO ASSURE RAPID COOLING OF ALL COOKED AND COOLED FOOD IF MULT-COMPLEX MEALS IS APPLICABLE IN YOUR OPERATION AS ANSWERED AT #12 OF THIS FORM TO COMPLY WITH FC-3-501.14 & FC 3-501.15**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION-PAGE FIVE

▶ LIST TYPE/CATEGORIES OF FOOD TO BE PREPARED IN ADVANCE OF SERVICE FROM MENU THAT REQUIRES COOLING & RE-HEATING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

43. EMPLOYEE HEALTH AGREEMENT IN PLACE: (✓) YES:\_\_\_NO:\_\_\_  
▶ WILL EMPLOYEES HAVE PAID SICK LEAVE : YES:\_\_\_NO:\_\_\_

44. WILL EMPLOYEES BE TRAINED IN GOOD FOOD SANITATION PRACTICES? (✓) YES:\_\_\_NO:\_\_\_  
▶ DESCRIBE METHOD OF TRAINING AND PERSON RESPONSIBLE FOR TRAINING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

44. VENDOR'S TO BE USED & AMOUNT OF DELIVERIES/WEEK :

- ▶ PRODUCE: \_\_\_\_\_ 1X\_\_\_ 2X\_\_\_ 3X\_\_\_ daily\_\_\_
- ▶ DAIRY: \_\_\_\_\_ 1X\_\_\_ 2X\_\_\_ 3X\_\_\_ daily\_\_\_
- ▶ SEAFOOD: \_\_\_\_\_ 1X\_\_\_ 2X\_\_\_ 3X\_\_\_ daily\_\_\_
- ▶ MEATS: \_\_\_\_\_ 1X\_\_\_ 2X\_\_\_ 3X\_\_\_ daily\_\_\_
- ▶ BREAD/BAKED GOODS \_\_\_\_\_ 1X\_\_\_ 2X\_\_\_ 3X\_\_\_ daily\_\_\_

▶ PERSON ASSIGNED TO ENSURE PRODUCT IS DELIVERED AT PROPER TEMPS: (✓) YES:\_\_\_NO:\_\_\_  
▶ DESCRIBE HOW ASSIGNED PERSON WILL ASSESS INCOMING PRODUCT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STATEMENT:** I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS WITHOUT PRIOR NOTICE FROM THE BEVERLY HEALTH DEPARTMENT MAY NULLIFY THIS APPROVAL.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



# City of Beverly

**BOARD OF HEALTH**  
90 COLON STREET  
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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: \_\_\_\_\_

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

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)