



Town of Brewster

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Health Department

Amy L. von Hone, R.S., C.H.O.
Director

Sherrie McCullough, R.S.
Assistant Director

Tammi Mason
Senior Department Assistant

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1. Establishment Name:														
2. Establishment Address:														
3. Establishment Mailing Address (if different):		Email address:												
4. Establishment Phone #:														
5. Applicant Name & Title:														
6. Applicant Address:														
7. Applicant Phone #		24 Hour Emergency #:												
8. Owner Name & Title (if different from applicant):														
9. Owner Address (if different from applicant):														
10. Establishment Owned by: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity	11. If a corporation or partnership, give name, title and home address of officers or partner <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home address</th> </tr> </thead> <tbody> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> <tr><td colspan="3" style="height: 20px;"></td></tr> </tbody> </table>		Name	Title	Home address									
Name	Title	Home address												
12. Person directly responsible for daily operations (owner, person in charge, supervisor, manager, etc.)														
Name & Title:														
Address:														
Telephone:		Email address:												
Emergency Phone #:														
13. Water Source (town or well water)	14. Sewage Disposal: <input type="checkbox"/> Title 5 system <input type="checkbox"/> Internal Grease <input type="checkbox"/> Grease trap interceptor													

15. Days and hours of operation:		
16. # of Food employees:		
17. Name of Person in Charge Certified in Food Protection Management:		
18. Person trained in Anti Choking procedures (if 25 seats or more):		
19. Name of person with Allergen Awareness Certification		
20. Location (check one): <input type="checkbox"/> Permanent structure <input type="checkbox"/> Mobile <input type="checkbox"/> Other <input type="checkbox"/> Leased/shared commercial kitchen	21. Establishment type (Check all that apply) <input type="checkbox"/> Retail (sq. ft.) <input type="checkbox"/> Food Service (seats) # of seats ____ <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – institution # of meals__ # of days__ <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery Other (describe):	
22. Length of Permit <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates		
23. Food Operations: (Check all that apply)	Definitions: TCS food – Time/temperature control for safety food – food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation; Non-TCS food – non potentially hazardous food (no time/temperature controls); RTE – ready to eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially pre-packaged Non – TCS food	<input type="checkbox"/> TCS Cooked to order	<input type="checkbox"/> Hot TCS food cooked and cooled or hot held for more than a single meal service
<input type="checkbox"/> Sale of Commercially pre-packaged TCS food	<input type="checkbox"/> Preparation of TCS food for hot and cold holding for single meal service	<input type="checkbox"/> TCS food and RTE foods prepared for highly susceptible population facility
<input type="checkbox"/> Delivery of packaged TCS food	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer	<input type="checkbox"/> Vacuum Packaging/cook chill
<input type="checkbox"/> Reheating of commercially processed foods for service within 4 hours	<input type="checkbox"/> Customer self-service	<input type="checkbox"/> Use of process requiring a variance and/or HACCP plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer self-service of non-TCS food and non-perishable foods only	<input type="checkbox"/> Ice manufactured and packaged for retail sale	<input type="checkbox"/> Offers raw or undercooked food of animal origin
<input type="checkbox"/> Preparation of non-TCS food	<input type="checkbox"/> Juice manufactured and packaged for retail sale	<input type="checkbox"/> Prepares food/single meals for catered events or institutional food service
<input type="checkbox"/> Offers RTE TCS food in bulk quantities	<input type="checkbox"/> Retail sale of salvage, out -of -date or reconditioned food	<input type="checkbox"/> Other (describe):

Total permit fee: _____ Payment is due with application

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other application law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the 2013 Federal Food Code.

24. Signature of applicant:_____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid taxes required under law.

25. Signature of Individual or Corporate name:_____