



Town of Brewster

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Health Department

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Dear New Food Establishment Owner:

Please be sure to complete and return each of the following:

- ☐ Submit a copy of your business proposal including floor plans of the business and proposed menu.
- ☐ Schedule a time to meet with a Health Agent to review the necessary licenses, paperwork and plans for your new business.
- ☐ Complete the Food Establishment Permit application with both sides completely filled out. Check all boxes that apply to your establishment and sign/date.
- ☐ Complete the Massachusetts Workmen's Compensation Affidavit form filled out completely, signed and dated. While such insurance is only required if you employ one or more individuals, **EVERYONE** must complete the affidavit. If there are no individuals in your employment, please indicate this on the affidavit, and sign/date.
- ☐ Submit a copy of your Workmen's Compensation Declaration Page from your insurance company showing the Policy number and expiration date *(If you are an employer with 1 or more employees)*.
- ☐ Submit a copy of your ServSafe Certificate.
- ☐ Submit a copy of your Allergen Certificate.
- ☐ Submit a copy of your Choke Safe or CPR Certificate *(not required if establishment has less than 25 seats)*.
- ☐ Complete the Frozen Food Affidavit completely filled out and sign/date *(only required for Frozen Food Permit)*.
- ☐ Fee *(Please make check payable to Town of Brewster)*.
- ☐ Schedule an appointment for a pre-opening inspection and/or a progress walk through.