



# New - Food Service Permit Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

**Form  
F-1  
New**

### Restaurant

- 0 Seats (\$185)
- 1-40 Seats (\$280)
- 41- 99 Seats (\$465)
- 100 + Seats (\$550)
- Frozen Dessert (\$100)
- Deli (\$100)
- Hot Bar (\$60)
- Cold Bar (\$60)
- HACCP (\$60)
- Milk/Cream (\$30)

### Retail/Market

- Retail (<5,000 s.f.) (\$230)
- Retail (5,000-10,000 s.f.) (\$280)
- Retail Over 10,000 s.f. (\$370)
- Sundries (20 Items or Less) (\$45)
- Sundries (21 Items and above) (\$80)
- Bakery (\$100)
- Deli (\$100)
- Hot Bar (\$60)
- Cold Bar (\$60)
- HACCP (\$60)
- Milk/Cream (\$30)

### Other Food Service

- Catering (\$255)
- Bulk (\$65)
- Residential Kitchen (\$85)
- Mobile Food (\$100)/6 mo.
- Mobile Food (\$175)/year.
- Cafeteria (\$400)
- Pushcart (\$60)/6 mo.
- Utility Kitchen (\$60)

**Total Food Service Licensing Fee \$ \_\_\_\_\_**

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts, Chapter 94, Section 305A, and Chapter 3, Section 5.

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Telephone: \_\_\_\_\_

Owners and/or Corporate Officers: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Manager(s): \_\_\_\_\_

Operating Schedule: \_\_\_\_\_

Total Seating Capacity: \_\_\_\_\_

Types of Foods Served and/or Sold (Attach Menu): \_\_\_\_\_

Remit Application and Fee to:  
Acton Board of Health – 472 Main Street, Acton, MA 01720

Employee(s) trained in the Heimlich Maneuver: \_\_\_\_\_  
(Required while food is being served in restaurants with 25 or more seats) (Attach copy of certification)

Employee(s) that are Certified Food Protection Managers: \_\_\_\_\_  
(Attach copy of certification)

Size of Establishment (sq. Ft.): \_\_\_\_\_

Size of Septic System (design flow/gallons/day) \_\_\_\_\_

Methods and Frequency of Sanitizing Equipment: \_\_\_\_\_

Type of Sanitizer used: \_\_\_\_\_

Describe pest control program: \_\_\_\_\_  
(Include name of Pest Control Company)

Describe Rubbish Storage, Removal, Frequency and name of Hauler: \_\_\_\_\_

**\*Permit cannot be issued without active ServSafe Certification, Allergen Awareness Certification, Liability Insurance, Choke Saving Certification (required for establishments with over 25 seats)**

The following signatures must be obtained (for new facilities only) from all relevant departments who have been notified of your intentions and may require the obtainment of permits and/or licenses exclusive of this application.

\_\_\_\_\_  
Building Department Representative Date

\_\_\_\_\_  
Board of Selectmen Representative Date

\_\_\_\_\_  
Town Clerk Representative Date

\_\_\_\_\_  
Zoning Enforcement Officer Date

Pursuant to the General Laws of Massachusetts, Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required by law.

I agree to comply with 105 CMR 590.00, Vending Machines and State Sanitary Code. I attest that the above information is accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

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