



Renewal - Food Service Permit Application

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

Form F-1 Renewal

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: _____

Mailing address: _____

***E-mail address (Used Only for Renewals):** _____

Establishment telephone: _____

Owner name: _____

Mailing address: _____

Telephone number: _____

Person in charge of daily operations: _____

Number of seats: _____

Does the restaurant have an external grease trap? _____ How often is it pumped? _____

Name and address of waste hauler: _____

Types of foods served and/or sold (attach menu): _____

Employee(s) trained in the Heimlich Maneuver: _____

(Required while food is being served in restaurants with 25 or more seats)

Name of *Certified Food Manager* (s) (attach copy of certificate) _____

Type of Sanitizer used: _____

Name, address and frequency of pest control: _____

Name of garbage disposal contractor: _____

Restaurant operating schedule: _____

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 applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the 1999 Federal Food Code.

Signature of Applicant

Date

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

Signature

Please note: If an external grease trap exists, the following Board of Health Rules and Regulations shall apply:

11-7.3.1 Grease traps shall be inspected monthly. They shall be cleaned, by a septage hauler licensed in the Town of Acton, whenever the level of grease is 25% of the effective depth of the trap, or at least every three months, whichever is sooner. This cleaning shall be reported to the Health Department office within thirty (30) days of its occurrence.

The waste manifest should be available to the Health Department upon inspection of the facility.

Before returning these applications please make sure you have completed the following:

- **Enclose copies of all Certified Food Manager/Serve Safe Certificate(s), Choke saving/Heimlich Certificate, Allergen Awareness Certificate, and Liability Insurance**
- Answer all questions on the application (incomplete applications will be returned to applicant)
- Enclose license renewal fee (checks can be made payable to the Town of Acton)

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