



New - 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
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)
- Shared Space (\$120)
- Shared Space with PHF's (\$185)

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 (\$455)
- 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 Food Protection Manager 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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