# City of Medford
# Board of Health

**85 George P. Hassett Dr.**
**Medford, MA. 02155**

**Tel#: (781) 393-2560** **Fax: (781) 393-2562**

## Application for a Permit to Operate a Food Establishment (Type II)

**Fee: $175.00 (Payable by Check Only)**

Include:
- ☐ Application
- ☐ Application Fee of $ 175.00
- ☐ Copy of Certified Food Manager Certificate
- ☐ Copy of Anti-Choking Certificate for 25 Seats or more

Type of Business: ☐ Retail Food ☐ Food Service ☐ Caterer ☐ Mobile Food* ☐ Residential

Number of Seats:_____ Hours of Operation:_____

Duration of Permit: ☐ Annual ☐ Temporary ☐ Seasonal

Dates of Operation if Not Annual:_____

Name of Company: _____

Address: _____

Mailing Address (if different):_____

**Telephone** #: _____

**Emergency Contact**:_____ **Emergency** #_____

Owner

Name:_____

Home Address:_____

**Home Telephone**:_____ **Cell Phone #** _____

**Manager**

Name: _____

Address:_____

Telephone #: _____

**Corporation** (If a corporation or partnership, give name, title and home address of officers or partners)

| Name | Title | Home Address |
|---|---|---|
| | | |
| | | |
| | | |

State of Incorporation_____

Local Agent

Name: _____

Address:_____

Telephone #: _____

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* Mobile Food Operators
Applications for mobile food units or pushcarts must include a list of hand wash and toilet facilities available on each route. Attach a separate sheet.

If doing Business from a truck, Registration #_____

**General Information**

**Water Source:_____** **Sewage Disposal:_____**

**Rubbish Removal:** ☐ **City** ☐ **Dumpster** ☐ **Private Trash Hauling**

If Dumpster or Private Hauling, include the name, address and telephone # of the Contractor.

Name: _____

Address:_____

Telephone #: _____

Name of Person Trained in Anti-Choking Procedure:_____

I will maintain the establishment in compliance with all regulations, and in a clean and sanitary manner. Signed under the pains & penalties of perjury.

Pursuant to M.G.L., C. 62C, S. 49A, I certify that under the pains and penalties of perjury that I have filed all Massachusetts tax returns and paid all Massachusetts tax returns and paid all taxes required under law. I further certify that all Medford taxes, whether real estate property or private property has been paid.

Signature of Applicant:_____

Signature of Owner, Manager, Corporate Officer or Agent_____

Social Security Number or Federal ID Number:_____

Date:_____

Per 105 CMR 590.000, US Dept. of Health and Human Service Food Code 1999 and Medford Board of Health Regulation 1 – Permits may be suspended, revoked, or modified by the Board of Health, its agents, or employees for the failure of the owner, manager, staff or agent to comply with the conditions and requirements of these regulations. Notice will served in writing, sent by certified mail to the last known address of the alleged violator. Upon seven days of the written notice, a written request may be submitted to request a hearing before the Board. In the event the Board of Health, its agents or employees deem that the health, safety or welfare of the occupants or residents of the City of Medford is jeopardized and that the an emergency exists, it may order all operations terminated, and the establishment closed.

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**FOR BOARD OF HEALTH USE ONLY**

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| DATE RECEIVED | DATE INSPECTED | APPROVED BY | PERMIT # ISSUED |