

Lanesborough Board of Health
 Newton Memorial Town Hall
 PO Box 1492
 Lanesborough, MA 01237
 Tel (413) 442-1167 Ext 28 ~ Fax (413) 443-5811

Number: _____

Fee Paid: _____

2017 Food Establishment Permit Application

Establishment Name: _____ Telephone: _____

Site City/State: _____ Fax: () _____

Contact Person _____ Telephone: _____

Owner/Person in Charge of Information

Name: _____ Telephone: () _____

Address: _____

Email: _____ Fax: () _____

Type of Food Sold/Served _____

Days/Hours of Operation: _____ Seating Capacity _____ Square Footage _____

Certified Food Safety Manager _____ Expiration: _____

Water Sources: _____ Sewerage: _____

<input type="checkbox"/>	B&B/Hotel/Inn/Motel	\$50.00	<input type="checkbox"/>	Frozen Desserts	\$50.00
<input type="checkbox"/>	Caterer	\$75.00	<input type="checkbox"/>	Seasonal 3-6 months	\$50.00
<input type="checkbox"/>	Food Service Non-profit	\$25.00	<input type="checkbox"/>	Residential Kitchen	\$50.00
<input type="checkbox"/>	Food Service Take-Out	\$75.00	<input type="checkbox"/>	Special Event (up to 14 days)	\$35.00
<input type="checkbox"/>	15-50 seats	\$100.00	<input type="checkbox"/>	Retail (under 100 sq. ft.)	\$100.00
<input type="checkbox"/>	50-100 seats	\$200.00	<input type="checkbox"/>	Retail (over 100 sq. ft.)	\$45 + \$45 ea. 100 sf (\$500 max)
<input type="checkbox"/>	Mobile Food	\$75.00	<input type="checkbox"/>	Bakery	\$50.00

Initial

_____ No food establishment located within the Town may operate without a current food permit issued by the Board of Health.

_____ All food establishments must have someone certified in food safety and allergen awareness. Copies of current certifications must be posted on site along with the food permit. **A copy of allergen and food safety certifications must be sent with the food permit application to the BOH.**

_____ As a condition of a Food Service Establishment permit, the Applicant agrees to allow the Board of Health access at any time during operating hours to perform inspections as specified under 8-402 of the Food Code.

_____ Prior to any construction work on the establishment, any needed permits must be obtained from the Lanesborough Building Department and an inspection must be scheduled with the Health Department before re-opening for business.

_____ Pursuant to M.G.L. Ch. 62C, Sec.49A, the applicant certifies under the penalties of perjury that he/she, to her/his best knowledge and belief, has filed all state tax returns and paid all state and local taxes required under law.

_____ I attest and certify that I am over eighteen years of age and that the information I have provided above is true and accurate and that all facts set forth in my application are true and complete. I understand that any infraction of the regulations listed above, or any other local, state or federal laws or regulations shall be grounds for permit revocation.

Food permit applications must be received on or before December 16, 2016 for 2017 renewal. Any applications received after December 16 shall incur an additional \$25 late fee, which must be paid prior to the issuance of the 2017 food permit. Seasonal operations and new establishments must submit an application at least 2 weeks prior to the expected opening date.

Applicant's Signature: _____

Date: _____