



**TOWN OF MIDDLEBOROUGH**  
**Health Department**  
**20 Center Street**  
**(508-946-2408)**

Permit# \_\_\_\_\_

**FOOD ESTABLISHMENT PERMIT APPLICATION**  
**(Application must be submitted at least 30 days before the planned opening date)**

- 1) Establishment Name: \_\_\_\_\_
- 2) Establishment Address: \_\_\_\_\_
- 3) Establishment Mailing Address (if different): \_\_\_\_\_
- 4) Establishment Telephone # \_\_\_\_\_ Fax# \_\_\_\_\_ Email \_\_\_\_\_
- 5) Applicant Name & Title: \_\_\_\_\_
- 6) Applicant Address: \_\_\_\_\_
- 7) Applicant Telephone # \_\_\_\_\_ 24 Hour Emergency # \_\_\_\_\_
- 8) Owner Name & Title (if different from applicant): \_\_\_\_\_
- 9) Owner Address (If different from applicant): \_\_\_\_\_
- 10) Establishment Owner By:  An Association  A Corporation  An Individual  
 A Partnership  Other legal entity \_\_\_\_\_
- 11) If a corporation or partnership, give name, title and home address of officers or partner.  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)  
Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Telephone # \_\_\_\_\_
- 13) District Or Regional Supervisor (if applicable)  
Name & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_



**FOOD ESTABLISHMENT INFORMATION**

14) Water Source: \_\_\_\_\_

15) Sewage Disposal: \_\_\_\_\_

16) Days and Hours of Operation: \_\_\_\_\_

17) No. of Food Employees: \_\_\_\_\_

18) Name of Person in Charge Certified in Food Protection Management \_\_\_\_\_

19) Person Trained in Anti-Choking Procedures (if 25 seats or more): \_\_\_\_\_

**FOOD SERVICE**

Limited: \$50.\_\_\_\_\_  
Regular: \$100.\_\_\_\_\_  
No. of seats x .50 per seat \_\_\_\_\_

ROADSIDE STAND: \$50.\_\_\_\_\_  
MOBILE FOOD: \$200.\_\_\_\_\_  
Pushcart/Ice Cream Truck: \$100.\_\_\_\_\_  
MILK VEHICLE: \$10.\_\_\_\_\_  
MILK & CREAM: \$10.\_\_\_\_\_  
FROZEN DESSERT: \$10.\_\_\_\_\_  
WHOLESALE FOOD  
PROCESSOR: \$500.\_\_\_\_\_  
WHOLESALE WAREHOUSE \$200.\_\_\_\_\_  
RESIDENTIAL (Bed & Breakfast)  
B&B Continental: \$50.\_\_\_\_\_  
Full Serve: \$75.  
# of Rooms x \$10.

**RETAIL**

0-200 sq.ft.\$25.\_\_\_\_\_  
200 -1000 sq. ft. \$100.\_\_\_\_\_  
1000+ sq. ft. \$200.\_\_\_\_\_

FUNCTION HALL: Occasional: \$75.\_\_\_\_\_  
Year Round: \$100.\_\_\_\_\_

CATERING: Annual: \$50.\_\_\_\_\_  
Per Event: \$25.\_\_\_\_\_

TEMPORARY: One Day: \$25.\_\_\_\_\_  
\$5/Day for every extra Day \_\_\_\_\_  
Non Profit: \$5/Day \_\_\_\_\_  
FOOD SERVICE PLAN REVIEW \$75. \_\_\_\_\_  
FOOD SERVICE PLAN REVIEW COMMERCIAL \$200.\_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

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

Social Security Number or Federal ID# \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_