

Date Received \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Food Service # \_\_\_\_\_ Food Retail # \_\_\_\_\_  
 Catering # \_\_\_\_\_ **FOR BOH OFFICE USE ONLY** TCC: Initial \_\_\_\_\_ Date \_\_\_\_\_



**TOWN OF SOUTHWICK BOARD OF HEALTH  
 APPLICATION TO OPERATE A  
 FOOD SERVICE ESTABLISHMENT  
 2024**

Southwick Board of Health  
 454 College Highway  
 Southwick, MA 01077  
 (413) 569-1212

Name of Establishment \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

**Owner, Corporation, or Partnership Information**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION, FOOD ALLERGEN AWARENESS CERTIFICATION, AND PROOF OF CHOKE-SAVING TRAINING MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.**

Name(s) of Certified Food Manager(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name(s) of Food Allergen Awareness Certificate Holder(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name(s) of person(s) trained in Choke-Saving Procedures \_\_\_\_\_ Expiration Date \_\_\_\_\_

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.  
 105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.  
 M.G.L. c. 94, § 305D: Each Food Service Establishment ≥25 seats must have on premises an employee trained in choke-saving procedures.

**FEE SCHEDULE – Check all that apply**

√	Establishment Type	Fee Amount	√	Establishment Type	Fee Amount
	Retail Food Establishment < 2500 sq. ft.	\$ 100.00		Food Service < 25 seats	\$ 100.00
	Retail Food Establishment 2500-5000 sq. ft.	\$ 150.00		Food Service 25-100 seats	\$ 150.00
	Retail Food Establishment > 5000 sq. ft.	\$ 200.00		Food Service 101-200 seats	\$ 200.00
	Retail Food Establishment > 25 sq. ft. food display	\$ 20.00		Food Service > 200 seats	\$ 225.00
				Catering	\$ 100.00

**TOTAL OF ALL FEES FROM ABOVE: \$ \_\_\_\_\_**

**PLEASE RETURN THE COMPLETED APPLICATION WITH REQUIRED CERTIFICATIONS AND PAYMENT BY DECEMBER 1<sup>st</sup>. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION, REQUIRED CERTIFICATIONS OR PAYMENT BY DECEMBER 31<sup>st</sup>, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT. A FINE WILL BE LEVIED AND A CLOSURE ORDER MAY ENSUE UNTIL ALL THE PROPER PAPERWORK IS SUBMITTED.**

*I hereby certify that I am an owner or officer of the above business and all information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.*

\_\_\_\_\_  
 SIGNATURE OF OWNER / OFFICER

\_\_\_\_\_  
 DATE

CHECK OR MONEY ORDER

MAKE PAYABLE TO: Town of Southwick

NO REFUNDS