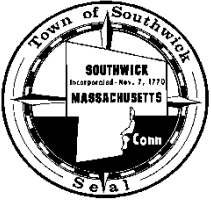


Date Received _____ Amount Paid \$ _____ Check # _____ Food Service # _____ Food Retail # _____
 Catering # _____ **FOR BOH OFFICE USE ONLY** TCC: Initial _____ Date _____



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 1st. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION, REQUIRED CERTIFICATIONS OR PAYMENT BY DECEMBER 31st, 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