



**TOWN OF WEBSTER
HEALTH DEPARTMENT**

350 Main Street
Webster, MA 01570
(508) 949-3800 ext. 1003

**APPLICATION OF RENEWAL
RETAIL/FOOD ESTABLISHMENT PERMIT
TOBACCO SALES PERMIT**

Date: ____/____/____

Name of Establishment or DBA _____

Business Location _____

Mailing Address _____

Name and Title of Applicant: _____

Business Owner _____ Mailing Address _____

If property is rented – Name of landlord _____ Phone _____

Permit Types: Please Check Appropriate Box

Bar & Restaurant Establishment Permit	\$200.00 + \$1.00 per seat (established by Building Inspector)	
Tobacco Sales Permit	\$150.00	
Mobile Food Permit	\$150.00	
Caterer's Permit	\$150.00	
Temporary Food Permit	\$25.00	

Retail Food Establishment	\$50.00	
Private Clubs	\$50.00	
Churches	N/A	

Retail/Food Establishment Information

Days and Hours of Operation: _____ Onsite Manager _____

Number of Servsafe staff _____ Number of Anti-Choke Staff _____

(Required as of 10/1/01 in Accordance with 105 CMR 590.000(a))

Water Source: ___ Private ___ Town Water & Sewer Number of Bathrooms: Men _____ Women _____

Contracted Trash Hauler _____ Days of Pick-Up _____

Contracted Offal Hauler _____ Contracted Pest Control Company _____



Submission Check List

- _____ *Certificate of Liability Insurance*
- _____ *Worker's Compensation*
- _____ *Updated Menu (All menus must have a Consumer Advisory and Allergen Awareness Statement on the menu)*
- _____ *Copy of ServSafe Certificate*
- _____ *Copy of Choke Saver Certificate*
- _____ *Copy of Allergen Awareness Certificate*
- _____ *Copy of MA Sales & Use Tax Certificate
(Tobacco Sales Permit only)*
- _____ *Fee Paid*

All establishments are subject to Bi-Annual Inspections while permitted sell or manufacture food under the Town of Webster Health Department according to 105 CMR 590.000 and the Federal Food Code and/or as needed according the Town of Webster Health Department requirements.

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 the Federal 1999 Food Code and all other applicable law. I have been instructed by the Town of Webster Health Department on how to obtain copies of 105 CMR 590.000 and the Federal 1999 Food Code.

Name and Signature of Applicant:

Date:
