



**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: ____/____/____

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone Number: _____

Applicant Name and Title: _____

Applicant Address: _____

Person in Charge, Manager, or Owner: _____

Telephone Number: _____

If property is rented,

Name of landlord: _____

Telephone Number: _____

Permit Types: Please Check Appropriate Box(es)

Bar and/or 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 (pre-packaged foods only)	\$50.00	
Private Clubs	\$50.00	
Churches	N/A	
Schools	N/A	
Nursing Homes	\$250.00	

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))

Number of Bathrooms:

___ Men

___ Women

Contracted Trash Hauler: _____ **Days of Pick-Up:** _____

Contracted Offal Hauler: _____

Contracted Pest Control Company: _____

Frequency of Treatment: _____

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 print and signature: _____

Date: _____