



TOWN OF WEBSTER
MASSACHUSETTS
350 Main St. Webster, MA.01570
DEPARTMENT OF PUBLIC HEALTH

Application of Renewal
Retail/ Food Establishment Permit
Tobacco Sales Permit

ESTABLISHMENT

Renewal ____ New ____ New businesses must meet with Health Agent & file application at least 30 days prior to opening.

Business Name: _____

Business Location: _____ Email Address: _____

Mailing Address: (if different) _____

Business Telephone No: _____ Business Fax No: _____

Owner Name & Title: _____

Owner Telephone No: _____

24 Hour Emergency No: _____

OWNER

Owning entity is a(n): ____ Corporation ____ Partnership ____ Association ____ Individual
____ Other legal entity

Name of owning entity: _____

Responsible person: _____ Title: _____

Address: _____

Phone: _____

Emergency Phone Number: _____

HOURS OF OPERATION

Monday: ____ to ____

Friday: ____ to ____

Tuesday: ____ to ____

Saturday: ____ to ____

Wednesday: ____ to ____

Sunday: ____ to ____

Thursday: ____ to ____

TYPE OF FACILITY

Food Service (less than 75 seats) ____	Bakery ____
Food Service (75 seats or more) ____	Caterer ____
Mobile Food Server ____	Residential Kitchen ____
Temporary ____	Non-Profit Organization ____
Retail Food (_____ sq. ft) ____	Food Storage Warehouse ____
Retail Vending ____	

Length of Permit (check one): Annual ____ Seasonal/Dates: _____

PERSON IN CHARGE

Name: _____ Age: _____

Food handler training provider (if applicable): _____

Date of Training/refresher: _____

(Please include a **copy** of Food Handler Certification Training)

PERSON CERTIFIED IN ANTI-CHOKING PROCEDURES (If establishment seats over 25)

Name: _____

Anti-choking training provider: _____ Date of training: _____

Name: _____

Anti-choking training provider: _____ Date of training: _____

Number of food service employees: _____

MAINTENANCE

Portable water source: __Municipal __On site well (requires DEP approval) __ Other

Sewerage disposal: __Municipal __Approved on side __Other

Chemical sanitizer used: _____

Rodent/insect Control Company: _____

Solid waste disposal company: _____

Grease trap maintenance/pumping: _____

SUBMISSION CHECK LIST

- Certificate of Liability Insurance
- Worker's Compensation
- Updated Menu (All menus must have Consumer Advisory & 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 Certification (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 to 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 590.00 and the Federal 1999 Food Code.

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

Name print and signature: _____

Date: _____

PERMIT TYPES: PLEASE CHECK APPROPRIATE BOX (ES)

Bar and/or Restaurant Establishment Permit	\$250.00 + \$1.00 per seat	
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)	\$100.00	
Private Clubs	\$100.00	
Churches	N/A	
Schools	N/A	
Nursing Home/ Elderly Day Care	\$300.00	
Residential Kitchens	\$150.00	