

**Town of Hinsdale**  
**Board of Health**  
39 South St, Hinsdale, MA 01235  
Telephone: (413) 655-2311

Fee is \$50 per each  
permit application

Number: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

## Food Establishment Permit Application

Establishment Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Site Address: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

### Owner/Person in Charge Information

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Type of Food Sold/Served \_\_\_\_\_  
Days/Hours of Operation: \_\_\_\_\_ Seating Capacity \_\_\_\_\_ Square Footage \_\_\_\_\_  
Certified Food Safety Manager \_\_\_\_\_ Expiration: \_\_\_\_\_  
Water Sources: \_\_\_\_\_ Sewerage: \_\_\_\_\_

<input type="checkbox"/>	B&B/Hotel/Inn/Motel	_____	<input type="checkbox"/>	Frozen Desserts	_____
<input type="checkbox"/>	Caterer	_____	<input type="checkbox"/>	Seasonal 3-6 months	_____
<input type="checkbox"/>	Food Service Non-profit	_____	<input type="checkbox"/>	Residential Kitchen	_____
<input type="checkbox"/>	Food Service Take-Out	_____	<input type="checkbox"/>	Special Event (temporary)	_____
<input type="checkbox"/>	Retail	_____	<input type="checkbox"/>	Other	_____

### **Initial**

- \_\_\_\_\_ No food establishment located within the Town may operate without a current food permit issued by the Board of Health.
- \_\_\_\_\_ All food establishments must have someone certified in food safety and allergen awareness. Copies of current certifications must be posted on site along with the food permit. A copy of allergen and food safety certifications must be sent with the food permit application to the BOH.
- \_\_\_\_\_ As a condition of a Food Service Establishment permit, the Applicant agrees to allow the Board of Health access at any time during operating hours to perform inspections as specified under 8-402 of the Food Code.
- \_\_\_\_\_ Prior to any construction work on the establishment, any needed permits must be obtained from the Hinsdale Building Department and an inspection must be scheduled with the Board of Health before re-opening for business.
- \_\_\_\_\_ Pursuant to M.G.L. Ch. 62C, Sec.49A, the applicant certifies under the penalties of perjury that he/she, to her/his best knowledge and belief, has filed all state tax returns and paid all state and local taxes required under law.
- \_\_\_\_\_ I attest and certify that I am over eighteen years of age and that the information I have provided above is true and accurate and that all facts set forth in my application are true and complete. I understand that any infraction of the regulations listed above, or any other local, state or federal laws or regulations shall be grounds for permit revocation.

**Seasonal operations and new establishments must submit an application at least 2 weeks prior to the expected opening date.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_