

## FOOD ESTABLISHMENT PERMIT APPLICATION - GREAT BARRINGTON

*No Retail Food Establishment may operate without a current Food Establishment Permit in each town of operation. A knowledgeable Person-in-Charge (PIC) must be onsite during all hours of operation.*

Permits expire on December 31, unless otherwise stated and must be renewed at least 30 days prior to expiration or start of operations.  
**Note:** all \*\* boxes must be completed or the form won't submit. If the item is not applicable, you may indicate N/A. Attachments and Fees may be added after the Application "submit" button is selected.

### Establishment /Site Information:

Establishment/ Business Name:	<input type="text"/>	Telephone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Owner or Corporation Name	<input type="text"/>	Email :	<input type="text"/> Telephone <input type="text"/> - <input type="text"/> - <input type="text"/>
Location Street Number:	<input type="text"/>	Street Name :	<input type="text"/>
City:	<input type="text"/>	State :	<input type="text"/> Zip <input type="text"/>
Onsite Supervisor:	<input type="text"/>	Telephone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Email : <input type="text"/>
Emergency Contact:	<input type="text"/>	Telephone:	<input type="text"/> - <input type="text"/> - <input type="text"/> Email: <input type="text"/>

### Mailing Address ☐ Check if same as above

Street Number:	<input type="text"/>	Street Name or PO Box	<input type="text"/>	
City:	<input type="text"/>	State:	<input type="text"/>	Zip: <input type="text"/>


### \*\* Detailed Service and Establishment Facility Information

Type of Foods Packaged, Sold or Served. <b>Risk Assessment: (check all that apply)</b> <input type="checkbox"/> TCS/PHF foods cooked to order <input type="checkbox"/> TCS/PHF Held over <input type="checkbox"/> RTE <input type="checkbox"/> Non-TCS/PHF <input type="checkbox"/> Pre-packaged TCS/PHF <input type="checkbox"/> Raw animal products <input type="checkbox"/> Special Process used	<b>TCS/PHF:</b> Time/Temperature Control for Safety foods (Previously called Potentially Hazardous Foods); Logs maybe required <b>Non-TCS/PHF:</b> Non-potentially hazardous food, no refrigeration required. <b>RTE:</b> Ready to Eat Food, no processing/heating required. <b>Special Processes:</b> use of acidification, smoking, reduced oxygen, time as a control, and partial cooking of raw animal products require a BOH variance. Please call for more information. <b>Unregulated Foods must still meet Safe Food Standards:</b> honey processed without heat, maple syrup, whole fresh eggs, uncut fresh fruits/vegetables, continental B&B breakfast, non-commercial/no-money, community potluck where the purpose is to share foods. <b>Menu Changes:</b> Substantive menu changes require BOH approval.
Seating Capacity : <input type="text"/>	Total Retail Sq. Ft. <input type="text"/>

### Staff Training

**Note:** The type of food being served determines the type of staff training required. All Food Establishments are required to have a Knowledgeable Person in Charge at all times. **All staff serving food are encouraged to have the Allergy Awareness Certificate which maybe completed online at <http://www.berkshireahec.org/programs/ma-food-allergen-training/>.**

Knowledgeable Person in Charge (PIC):	<input type="radio"/> No <input type="radio"/> Yes, name: <input type="text"/>	Certifications: Check all that apply and <u>attach</u> certificate	<input type="checkbox"/> Food Manager Certification, Expiration Date <input type="text"/> <input type="checkbox"/> Handler Certification: Expiration Date <input type="text"/> <input type="checkbox"/> Not Required, Non-Profit Occasional
Allergy Awareness Training	<input type="radio"/> No <input type="radio"/> Yes, name: <input type="text"/>	Check all that apply and <u>attach</u> certificate	<input type="checkbox"/> Allergen Certification, Expiration Date <input type="text"/>

	<input type="text"/>		<input type="checkbox"/> Number of Staff Trained in Allergen Awareness <input type="text"/> <input type="checkbox"/> No Certificate, explanation <u>attached</u>
Choke Saver Training (Establishments with 25 or more seats only)	<input type="radio"/> No <input type="radio"/> Yes, name: <input type="text"/> <input type="text"/>	Check all that apply and <u>attach</u> certificate	<input type="checkbox"/> Choke Saver Certification      Expiration Date <input type="text"/>  <input type="checkbox"/> Number of staff trained in Choke Saver <input type="text"/> <input type="checkbox"/> Not required, fewer than 25 seats
Drinking Water Source	<input type="radio"/> Public <input type="radio"/> Private, water test <u>attached</u>	Ice Supplier	<input type="checkbox"/> Vendor: <input type="text"/> <input type="checkbox"/> Ice Machine <input type="checkbox"/> None
Sewage Disposal	<input type="radio"/> Public regularly <input type="radio"/> Private, must pump	Garbage/Trash	<input type="checkbox"/> Contractor: <input type="text"/> <input type="checkbox"/> Transfer Station
Refrigeration	<input type="checkbox"/> None (ice) <input type="checkbox"/> Refrigerators <input type="checkbox"/> Walk-ins	Grease Disposal	<input type="checkbox"/> Contractor: <input type="text"/> <input type="checkbox"/> Transfer Station

**Special Process. Check all that apply and attach details for review**

<input type="checkbox"/> None	<input type="checkbox"/> Acidification
<input type="checkbox"/> Raw or partially cooked animal/fish	<input type="checkbox"/> Smoking
<input type="checkbox"/> Time Control	<input type="checkbox"/> Reduced Oxygen Package (ROP)

**Frozen Dessert Operation**

In accordance with the provisions of Section 65H of Chapter 94 of the General Laws and 105 CMR 561: Department of Public Health, Frozen Desserts and Frozen Dessert Mixes as most recently amended and the regulations made hereunder, the following information must be provided:

Trade or Brand names under which product is sold	<input type="text"/>	Number or Freezers and Capacity	<input type="text"/>
Gallons to be sold this year	<input type="text"/>	Gallons sold last year	<input type="text"/>
Name of Mix	<input type="text"/>	Address of Supplier of Mix	<input type="text"/>
Type of Mix <input type="checkbox"/> Purchased <input type="checkbox"/> Pasteurized <input type="checkbox"/> Made onsite <input type="checkbox"/> Dairy based	<input type="checkbox"/> By checking this box, I agree that I will submit monthly bacteriological testing by a Certified Laboratory with all results copied to the Board of Health.  Name of Testing Firm <input type="text"/>  Phone Number <input type="text"/> - <input type="text"/> - <input type="text"/>  <b>Note:</b> Equipment must be cleaned at least daily. Required Laboratory testing results must be submitted at least monthly or as required by the Board of Health.		
State License, if applicable	<input type="text"/>		

**FEE DUE FROM FEE SCHEDULE:** \_\_\_\_\_

**PLEASE REVIEW IMPORTANT INFORMATION:**

By State law, no Food Establishment located or operating within the Town may operate without a current food permit issued by the Board of Health.

**All food establishments shall have a certified Food Safety Manager if serving Potentially Hazardous Foods or foods requiring Time/temperature Control for Safety (TCS).** Non-profits may be excepted from this requirement. A copy of the current certification must be posted along with the current permit. Attach a current copy of the PIC's Food Safety Certification. A knowledgeable Person in Charge

(PIC) trained in food safety or handling must be present during all hours of operations.

**All food establishments shall have someone certified in Allergen Awareness.** A copy of a current certification must be posted with the current permit and a copy provided with the food application.

#### Agreement

- \*\*** ☐ I affirm that I will comply with all state and local codes and allow the Board of Health access as required by law.
- \*\*** ☐ By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*\*** ☐ I affirm that before updating or making changes to my facility, my menu or my certified Person-in-Charge; I will obtain permission and inspections from the Health Department and Building Department as required by law before re-opening.
- \*\*** ☐ By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.
- \*\*** ☐ I affirm that I have read and am in compliance with the provisions of State and local regulations that pertain to my operation, including 105 CMR 590:00.
- \*\*** ☐ I affirm and certify that I am the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

**\*\*Outstanding Permit Conditions/ Orders:**

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#### APPLICANT SIGNATURE

Applicant Name:

Title/Role:

Date Signed:

APPLICANT SIGNATURE

☐ I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.

#### OFFICE USE ONLY - APPLICATION ACTIONS TAKEN

☐ Application approved with conditions ☐ Application rejected; requires further information ☐ Application denied for cause ☐ Other

☐ Reviewer:

☐ Date

Reviewed:

☐ Reviewer's Comments:

☐ Permit #

Issued:

☐ Permit Number Assigned

Permit Expiration Date  
Assigned:

#### Additional Permit Conditions

☐ Other: