

☐ New License ☐ Renewal ☐ Amended

TOWN OF PERU - BOARD OF HEALTH
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Please type or print neatly. ALL items must be completed.

A CHECK PAYABLE FOR THE APPROPRIATE FEE AMOUNT MUST ACCOMPANY ALL APPLICATIONS.

Signing this application certifies that the applicant and the establishment will operate and abide by the provisions of 105 CMR 590.000 State Sanitary Code Chapter X: Minimum Standards for Food Establishments, the Federal Food Code, and all applicable local regulations.

Establishment Name _____ Telephone Number _____
Business Address _____
Mailing Address _____
Email Address _____
Corporate Address _____
Corporate Officers _____
Owner _____ Telephone Number _____
On-site Supervisor _____ Telephone Number _____
Emergency Contact _____ Telephone Number _____

Check applicable permit type(s) and include fee(s)

A 50% surcharge will be assessed for renewals not received by the specified dates

Retail Food	<input type="checkbox"/> \$150 - Annual
Foodservice/Caterer	<input type="checkbox"/> \$150 - Annual
Mobile Vendor	<input type="checkbox"/> \$150 - Annual
Caterer	<input type="checkbox"/> \$100 - Annual
Residential Kitchen	<input type="checkbox"/> \$150 - Annual
Bed and Breakfast	<input type="checkbox"/> \$100 - Annual (plus \$25 per bedroom if more than 3)
Non-profit organization	<input type="checkbox"/> \$50 Occasional use of the facility only
Temporary	<input type="checkbox"/> \$25 per day <input checked="" type="checkbox"/> \$75 - (3 to 14 days)

Establishment Detail

Water Source _____
Sewage Disposal _____
Total Seating Capacity _____

Type of Food Served (Check all that apply)

<input type="checkbox"/> PHF cooked to order	<input type="checkbox"/> Non PHF
<input type="checkbox"/> PHF Held over	<input type="checkbox"/> Pre-packaged PHF
<input type="checkbox"/> RTE	<input type="checkbox"/> Raw animal product

PHF: Potentially hazardous foods (time/temp.)

Non- PHF: Non-potentially hazardous food

RTE: Ready to eat (no further processing required)

Person(s) in Charge (PIC) certified in food protection (attach certificate) _____

Number of Employees trained in anti-choking procedures (if 25 seats or more) _____

Mobile Vendor Handwash Stations

_____	_____
_____	_____
_____	_____

Location of Temporary Food Establishment _____

Temporary Function Date(s) _____ **Menu** _____

I certify, under the pains and penalties of perjury, that the information provided on this application is correct.

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

Typed or Printed Name of Applicant

Signature of Applicant

Social Security # or Federal Identification #

Date of Application

Attach a completed Worker's Compensation form.