

**TOWN OF NORTHFIELD, MASSACHUSETTS**

**FOOD ESTABLISHMENT / FOOD SERVICES APPLICATION**

- **Year-round \$95.00**     **Seasonal \$35.00**     **Temporary (less than 3 days) \$25.00**

**\*\*\*All Food Permits Must Be Submitted No Later Than December 31<sup>st</sup> or 30 days in Advance of Opening\*\*\***

➤ Name of Establishment/ Business: \_\_\_\_\_ Date: \_\_\_\_\_

➤ Location of Food Business in Town: \_\_\_\_\_ Business Phone: \_\_\_\_\_

➤ Mailing Address (if different): \_\_\_\_\_ Email: \_\_\_\_\_

➤ Owner: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

➤ Address of Owner: \_\_\_\_\_

➤ Name & Title of Applicant (if different from Owner): \_\_\_\_\_

➤ If Corporation or partnership, give name, title & home address of officers or partners:

\_\_\_\_\_

➤ Emergency Response Person, give name, home phone, and cell phone:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

➤ TYPE OF ESTABLISHMENT (check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Bakery</b>   | <input type="checkbox"/> <b>Residential Kitchen</b>                    |
| <input type="checkbox"/> <b>Catering</b>                                       | <input type="checkbox"/> <b>Retail</b>                                 |
| <input type="checkbox"/> <b>Food Establishment (Restaurants)</b>               | <input type="checkbox"/> <b>Special Event / Temporary non - profit</b> |
| <input type="checkbox"/> <b>Temporary Food Establishment (less than 3 day)</b> | <input type="checkbox"/> <b>School / Camp</b>                          |
| <input type="checkbox"/> <b>Frozen Dessert</b>                                 | <input type="checkbox"/> <b>Supermarket</b>                            |
| <input type="checkbox"/> <b>Mobil Food Establishment (Food Truck)</b>          | <input type="checkbox"/> <b>Other: _____</b>                           |

**Water Source**                       Town                                       Well

**Sewage Disposal**     Town     Septic     Portable                      **Grease Trap**     YES     NO

➤ Days & Hours of operation: \_\_\_\_\_

➤ Number of Seats: \_\_\_\_\_

➤ Food being served: \_\_\_\_\_

- Person in charge "PIC" - Trained and certified Food Safety Course, with certificate: \_\_\_\_\_
- Food Training Organization and "PIC" certification number: \_\_\_\_\_
- Persons Trained in Anti-Choking Procedures (if 25 seats or more)  YES  NO How Many? \_\_\_\_\_ Please List:  
 Name \_\_\_\_\_ Name \_\_\_\_\_  
 Name \_\_\_\_\_ Name \_\_\_\_\_

**\*\*\* MUST SUBMIT COPIES OF ANTI-CHOKING CERTIFICATIONS FOR EACH INDIVIDUAL \*\*\***

- **If a Food Establishment / Food Services permit is not paid by December 31<sup>st</sup> of each year an additional \$25.00 late fee will be assessed for each month not paid and the business could be subject to closure. (Voted September 14, 2022)**
- **Eastern Franklin County Health District has the authority to close any food establishment they feel appropriate and inform the Northfield Board of Health immediately of their actions. (Voted October 24, 2013)**
- **That after a violation is noted in a Food Establishment/Food Service, the establishment is given a period of time to correct said violation, and the Health Agent commits to re visit after a period of time determined by the Health Agent. If said violation remains uncorrected, each subsequent visit incurs a re-inspection fee of \$75.00 per visit until the violation is corrected.**
- Pursuant to M.G.L. Chapter 62C Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State Taxes required under law.
- Signature of Individual or Corporate Officer (if applicable): \_\_\_\_\_
- Social Security Number or Federal Identification Number: \_\_\_\_\_
- Worker's Compensation Insurance Affidavit (M.G.L. chap. 152 #25C (6))

I, \_\_\_\_\_ do hereby certify that:

**1.**  I am an employer providing the following workers compensation coverage for my employees'  
 \_\_\_\_\_ (Policy # / Insurance Company) \*

**2.**  I am not required to have worker's compensation insurance under M.G.L. chap. 152, Sect. 25 (c) (6)

\* Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.

**PAYMENT IS DUE BY December 31<sup>st</sup> WITH COMPLETED APPLICATION. Fee \$95.00 for Year-round permit**

**PAYMENT IS DUE 30 DAYS PRIOR TO EVENT WITH COMPLETED APPLICATION. Fee \$35.00 for Seasonal permit.**

**PAYMENT IS DUE 30 DAYS PRIOR TO EVENT WITH COMPLETED APPLICATION. Fee \$25.00 for Temporary permit.**

**Please make check payable to: Town of Northfield**

Return application to: Northfield Board of Health  
 69 Main Street  
 Northfield, MA. 01360

Office Use Only:  
 Check#: \_\_\_\_\_  
 Amount: \_\_\_\_\_