



**ROCKPORT  
Board of Health**

34 Broadway  
Rockport, MA 01966  
Phone: 978-546-3701 / Fax: 978-546-5013

**FOOD ESTABLISHMENT PERMIT APPLICATION**

*Application must be submitted at least 30 days before the planned opening date*

**Please check all that apply:**

- A:  FOOD SERVICE and CATERING combined
- B:  FOOD SERVICE  RETAIL (not pre-packaged)  CATERING Only  MANUFACTURER of FROZEN DESSERT
- C:  RETAIL (pre-packaged, including PHF)  MOBILE  BED & BREAKFAST
- D:  RETAIL (pre-packaged, non-PHF only)  RESIDENTIAL KITCHEN for Retail Sale  FUNCTION HALL

**Please enclose fee payable to: Town of Rockport**

- FEE: A: \$225 Food Service and Catering combined
- B: \$200 for Food Service or Retail Food (not pre-packaged) or Catering Only or Manufacturer of Frozen Dessert
- C: \$100 for Retail Food (pre-packaged food only, including PHF) or Mobile or Bed and Breakfast
- D: \$75 for Retail Food (pre-packaged, non-PHF only) Residential Kitchen for Retail Sale or Function Hall

Establishment Name: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Mailing Address (if different): \_\_\_\_\_

Establishment Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ 24 Hour Emergency Phone No: \_\_\_\_\_

**Establishment Owned By:**

Association \_\_\_\_\_ Corporation \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Other Legal Entity \_\_\_\_\_

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_

**Person Directly Responsible for Daily Operations:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_

**District or Regional Supervisor (if applicable):**

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency Telephone No: \_\_\_\_\_

PLEASE CIRCLE: Drinking water: Town or Private Well Wastewater: Sewer or Private Septic

Length of Permit: Annual or Seasonal: Dates: \_\_\_\_\_ Location: Permanent Structure or Mobile

Days & Hours of Operation: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Name of Person in Charge Certified in Food Protection Management (if applicable). **Please attach copy of certificate**

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Certification No: \_\_\_\_\_

Name of Person trained in Anti-Choking Procedures (if 25 seats or more): \_\_\_\_\_

**Establishment Type (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Retail - (_____ Sq. Ft.)                     | <input type="checkbox"/> Residential Kitchen for Retail Sale       |
| <input type="checkbox"/> Food Service - (_____ Seats)                 | <input type="checkbox"/> Bed & Breakfast Home (1-3 rooms)          |
| <input type="checkbox"/> Food Service - Takeout                       | <input type="checkbox"/> Bed & Breakfast Establishment (4-9 rooms) |
| <input type="checkbox"/> Food Service - Institution (_____ Meals/Day) | <input type="checkbox"/> Frozen Dessert Manufacturer               |
| <input type="checkbox"/> Caterer                                      | <input type="checkbox"/> Other (Describe): _____                   |
| <input type="checkbox"/> Food Delivery                                |  |

**Food Operations (check all that apply): List menu items that correspond to checked categories.**

Definitions: PHF - potentially hazardous foods (time/temperature controls required)  
Non-PHF's - non-potentially hazardous foods (no time/temperature controls required)  
RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

**List Menu Items that Correspond**

- Sale of Commercially Pre-Packaged Non-PHF's
- Sale of Commercially Pre-Packaged PHF's
- Delivery of Packaged PHF's
- Reheating of Commercially Processed Foods for Service within 4 Hours
- Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- Preparation of Non-PHF's
- PHF Cooked to Order
- Preparation of PHF's for Hot and Cold Holding for Single Meal Service
- Sale of Raw Animal Foods Intended to be prepared by Consumer
- Customer Self-Service
- Ice Manufactured & Packaged for Retail Sale
- Juice Manufactured & Packaged for Retail Sale
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- PHF and RTE Foods Prepared for a Highly Susceptible Population or Facility
- Vacuum Packaging/Cook Chill
- Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Offers Raw or Undercooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other (Describe): \_\_\_\_\_

**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 all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Individual or Corporate Name: \_\_\_\_\_ SS No. or Fed ID: \_\_\_\_\_

**BOARD OF HEALTH USE ONLY**

\_\_\_\_\_  
Date Received                      Date Inspected                      Approved By                      Permit No.