



**TOWN OF ROCKPORT
BOARD OF HEALTH**

34 Broadway
Rockport, MA 01966
Phone: 978-546-3701
www.rockportma.gov/board-health

FOOD ESTABLISHMENT PERMIT APPLICATION

*To avoid a \$50 late fee, applications must be submitted
at least 30 days before opening date (for new and seasonal establishments),
and by December 30th for current permit-holders intending to operate in January 2021.
Permits expire December 31st.*

Please check all that apply:

\$225: FOOD SERVICE & CATERING COMBINED
\$200: FOOD SERVICE RETAIL FOOD (including not pre-packaged) CATERING ONLY Manufacturer of Frozen Dessert
\$100: RETAIL FOOD (pre-packaged, including TCS foods) MOBILE BED & BREAKFAST
\$ 75: RETAIL FOOD (pre-packaged, non-TCS foods only) RESIDENTIAL KITCHEN for Retail Sale FUNCTION HALL
\$ 75: FOG (Fats, Oil, Grease)

Please enclose fee payable to: Town of Rockport

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 ONE: **Drinking water:** Town Private Well **Wastewater:** Sewer Private Septic

Length of Permit: Annual Seasonal: Dates: _____ **Location:** Permanent Structure 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"/> Mobile Food Truck |
| <input type="checkbox"/> Food Service - (_____ Seats) | <input type="checkbox"/> Residential Kitchen for Retail Sale |
| <input type="checkbox"/> Food Service - Takeout | <input type="checkbox"/> Bed & Breakfast Home (1-3 rooms) |
| <input type="checkbox"/> Food Service - Institution (_____ Meals/Day) | <input type="checkbox"/> Bed & Breakfast Establishment (4-9 rooms) |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Frozen Dessert Manufacturer |
| <input type="checkbox"/> Food Delivery | <input type="checkbox"/> Other (Describe): _____ |

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

- Definitions: TCS Foods – “time-temperature control for safety” foods (time and temperature controls required)
 Non-TCS Foods – (time and temperature controls not required)
 RTE - ready-to-eat foods (e.g. sandwiches, salads, muffins which need no further processing)

List Menu Items that Correspond

- Sale of Commercially Pre-Packaged Non- TCS Foods
- Sale of Commercially Pre-Packaged TCS Foods
- Delivery of Packaged TCS Foods
- Reheating of Commercially Processed Foods for Service Within 4 Hours
- Customer Self-Service of Non- TCS Foods and Non-Perishable Foods Only
- Preparation of Non- TCS Foods
- TCS Foods Cooked to Order
- Preparation of TCS Foods 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 TCS Foods in Bulk Quantities
- Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- Hot TCS Foods Cooked and Cooled or Hot Held for More than a Single-Meal Service
- TCS Foods 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 the 2013 Federal Food Code, available on the Rockport Board of Health webpage.

Signature of Applicant: _____ Date: _____

Individual or Corporate Name: _____ SS No. or Fed ID: _____

BOARD OF HEALTH USE ONLY:

FOG/DPW USE ONLY:

Food Inspector Approval Approval Date

FOG Inspector Approval Approval Date