



TOWN OF TOPSFIELD - BOARD OF HEALTH  
8 West Common Street  
Topsfield, MA 01983  
(978) 887-1520 phone ~ (978) 887-1521 fax

FOOD ESTABLISHMENT PERMIT APPLICATION  
*(Application due 30 days before the planned opening date)*

Check All That Apply:

- |  |       |
|--|-------|
| <input type="checkbox"/> Annual              | \$75  |
| <input type="checkbox"/> Restaurant          | \$125 |
| <input type="checkbox"/> Retail              | \$75  |
| <input type="checkbox"/> Limited Retail      | \$25  |
| <input type="checkbox"/> Mobile              | \$75  |
| <input type="checkbox"/> Caterer             | \$25  |
| <input type="checkbox"/> Catered Event       | \$20  |
| <input type="checkbox"/> Childcare Facility  | \$25  |
| <input type="checkbox"/> Residential Kitchen | \$50  |

Please make checks  
payable to the  
Town of Topsfield

1. Establishment Name: \_\_\_\_\_
2. Establishment Address: \_\_\_\_\_
3. Establishment Mailing Address (if different): \_\_\_\_\_
4. Establishment Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
5. Email: \_\_\_\_\_
6. Name & Title: \_\_\_\_\_
7. Applicant Address: \_\_\_\_\_
8. Applicant Telephone #: \_\_\_\_\_ 24 Hour Emergency #: \_\_\_\_\_
9. Establishment Owned By:  
 An Association    A Corporation    An Individual    A Partnership    Other Legal Entity
10. Owner Name & Title (if different from applicant): \_\_\_\_\_
11. Owner Address (if different from applicant): \_\_\_\_\_
12. If a corporation or partnership, give name, title, and home address of officers or partner:  
 Name & Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name & Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Name & Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_
13. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Spvr, Mgr, etc.):  
 Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Emergency Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_
14. District or Regional Supervisor (if applicable):  
 Name & Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_
15. Days and Hours of Operation: \_\_\_\_\_
16. Water Source: \_\_\_\_\_ DEP Public Water Supply # *(if applicable)*: \_\_\_\_\_
17. Sewage Disposal: \_\_\_\_\_
18. No. of Food Employees: \_\_\_\_\_
19. Name of Person In Charge Certified in Food Protection Management  
*(Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate):*

Food Establishment Permit Application

20. Person Trained in Anti-Choking Procedures (if 25 seats or more):  Yes  No

21. Person Trained in Allergen Awareness – please attach copy of certificate ([www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp)):  Yes  No

22. Location:  Permanent Structure  Mobile

23. Food Operations (Check all that apply):

**Definitions:** **PHF** - Potentially hazardous food (time/temperature controls required)

**Non-PHF's** - non potentially hazardous food (no time/temperature controls required)

**RTE** - Ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

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

24. Establishment Type (check all that apply)

<input type="checkbox"/> Retail (___ Sq. Ft.)	<input type="checkbox"/> Caterer
<input type="checkbox"/> Food Service (___ Seats)	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Food Service – Takeout	<input type="checkbox"/> Frozen Dessert Manufacturer
<input type="checkbox"/> Food Service Institution (___ Meals/Day)	
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 law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

25. Signature of Applicant: \_\_\_\_\_

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

26. Social Security Number or Federal ID: \_\_\_\_\_

27. Signature of Individual or Corporate Name: \_\_\_\_\_