



CITY OF PEABODY  
DEPARTMENT OF HUMAN SERVICES  
24 Lowell Street  
Peabody, Massachusetts 01960  
(978) 538-5926  
Fax: (978) 538-5990

BOARD OF HEALTH  
BERNARD H. HOROWITZ, CHAIRMAN  
THOMAS J. DURKIN III  
LEIGH ANN MANSBERGER, MD, MPH  
  
SHARON CAMERON  
DIRECTOR

## Food & Milk Establishment Permit Application

The **Applicant** must be an **Owner** of the Food Establishment, or an **Officer** of the Legal Ownership.

### Part I- Food Establishment Name and Location

1. Name of Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

2. Establishment Location \_\_\_\_\_

3. E-Mail Address: \_\_\_\_\_

4. Mailing Address (if different) \_\_\_\_\_

### Part II- Type of Establishment (check all that apply)

**Retail Food**

- < 1000 Sq. Ft.  
 1000 – 10000 Sq. Ft.  
 > 1000 Sq. Ft.

**Catering**

- Mobile**  
 **Church/Non-Profit Organization**  
 **Residential Kitchen**

**Food Service**

- 0 – 50 Seats  
 51-150 Seats  
 151-499 Seats  
 > 500 Seats

**Farmers Market**

- Ice Cream Vendor**  
 **Temporary (Up to 14 days)**

**Part III-Owner of Food Establishment**-provide owner's home address if sole proprietor

Full Name \_\_\_\_\_

Telephone \_\_\_\_\_ Birth Date \_\_\_\_\_

<b>Check One</b> Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____ Other _____
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Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

**IF APPLICANT IS A CORPORATION**

Corporate Name: _____
State of incorporation _____
Date of incorporation _____
Principal office _____
Name/Address of:
President _____
Treasurer _____
Clerk _____

**CERTIFIED FOOD PROTECTION MANAGER**

Full Name _____ Telephone _____
Food Safety Certification number _____ Expiration date _____

**ALTERNATE CERTIFIED PERSON IN CHARGE**

Full Name _____ Telephone _____
Food Safety Certification number _____ Expiration date _____

**DISTRICT/REGIONAL MANAGER (if applicable)**

Full Name _____ Telephone _____
Mailing Address _____ City _____ State and Zip _____
Email Address _____

**Part IV-Days and Hours of Operation**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**DATES OF OPERATION IF NOT ANNUAL** \_\_\_\_\_

**If Food Service Establishment contains 25 or more seats:**

Are there one or more persons on duty at all times trained in anti-choking techniques?

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide Name and Expiration Date for all trained employees

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name \_\_\_\_\_ Expiration Date \_\_\_\_\_

**For Mobile Food Unit**

License Plate# \_\_\_\_\_

Base Name \_\_\_\_\_

Base Address \_\_\_\_\_

Base Telephone \_\_\_\_\_

Location of hand wash/toilet facilities on route \_\_\_\_\_

\_\_\_\_\_

**Part V- Food Preparation Information**

**Check all that apply**

\_\_\_ The operator prepares, offers for sale, or serves food that requires time/temperature control for safety, only to order upon a consumer's request.

\_\_\_ The operator prepares, offers for sale, or serves food that requires time/temperature control for safety in advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency.

\_\_\_ The operator prepares, offers for sale, or serves food that requires time/temperature control for safety using time as the public health control.

\_\_\_ The operator prepares food that requires time/temperature control for safety in advance using a food preparation method that involves two or more steps which may include combining ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

\_\_\_ The operator prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

\_\_\_ The operator prepares food for service to a highly susceptible population.

\_\_\_ The operator prepares only food that does not require time/temperature control for safety.

\_\_\_ The operator does not prepare, but offers for sale, only pre-packaged food that does not require time/temperature control for safety.

**REQUIRED ATTACHMENTS TO BE SUBMITTED WITH APPLICATION:  
*APPLICATIONS WITHOUT REQUIRED ATTACHMENTS WILL NOT BE  
ACCEPTED.***

1. Integrated Pest Management (IPM) plan
2. Food Safety Certifications
3. Plan for management of grease, fats, and oils.
4. Allergen awareness training certificates
5. Name of vendor for trash removal and frequency of removal
6. Permit numbers for dumpsters (Permit from Peabody Fire Department required for dumpsters)

**PART VI- Signature**

I hereby attest to the accuracy of the information provided in this application and I affirm that I will comply with the Federal Food Code and the State Sanitary Code and all other applicable codes. I will allow the Peabody Board of Health or its agent(s) access to this food establishment and to the records as allowed under the said Codes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART VII- Permit Fee Payment is due with application**

**Fee for yearly Rodent Control      \$ 25.00**  
**Fee for Food Permit                      \$**

Payable to:                      'City of Peabody'  
Mail or drop off:              City Hall, 24 Lowell Street, Peabody, MA 01960

Ph: (978) 538-5926                      fax: (978) 538-5990                      Web Page: [www.peabody-ma.gov](http://www.peabody-ma.gov)

4.

**PART VIII- STATE TAX CERTIFICATION FORM**

Pursuant to MGL 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 state taxes required under law.

Social Security Number or Federal I.D. Number:

\_\_\_\_\_

Corporate Name (if applicable):

\_\_\_\_\_

Corporate Officer if a corporation, or another owner:

\_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE, ONLY**

Date Received \_\_\_\_\_

Attachments:

1. Integrated Pest Management (IPM) plan \_\_\_\_\_
2. Food Safety Certifications \_\_\_\_\_
3. Plan for management of grease, fats, and oils. \_\_\_\_\_
4. Allergen awareness training certificates \_\_\_\_\_
5. Name of vendor for trash removal and frequency of removal \_\_\_\_\_
6. Permit numbers for dumpsters \_\_\_\_\_

Dates contacted to discuss application: \_\_\_\_\_

Dates Inspected \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved By \_\_\_\_\_