



TOWN OF MILLIS

BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

Fax: 978-313-7839

FOOD ESTABLISHMENT PERMIT APPLICATION

Establishment Name:	
Establishment Address:	
Establishment Mailing Address:	
Establishment Telephone #:	EMAIL:
Applicant Name & Title:	
Applicant Address:	
Applicant Telephone #	Emergency Phone #
Owner Name & Title:	
Owner Address:	
Establishment Owned By:	
<input type="checkbox"/>	An Association
<input type="checkbox"/>	A Corporation
<input type="checkbox"/>	An Individual
<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	Other Legal Entity: _____
If Corporation or Partnership, please fill in information of Officers or Partner:	
Name & Title: _____	
Home Address: _____	
Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager)	
Name & Title: _____	
Address: _____	
Telephone #: _____	Fax # _____
Emergency Telephone #: _____	E-Mail _____
District or Regional Supervisor (if applicable)	
Name & Title: _____	
Address: _____	

PLEASE COMPLETE BACK OF FORM

FOOD ESTABLISHMENT INFORMATION

Water Source:	Sewage Disposal:
DEP Public Water Supply #	Dumpster Co:
Days & Hours of Operation:	# Employees:
CERTIFICATES BELOW MUST BE ATTACHED	
Name of Person in Charge Certified in Food Protection Management:	
<div style="display: flex; justify-content: space-between;"> Person Trained in Anti-Choking Procedures (25+ Seats): Allergen Awareness: </div>	
<div style="display: flex;"> <div style="flex: 1;"> <p>Establishment Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Retail _____ Sq Ft <input type="checkbox"/> Food Service _____ Seats <input type="checkbox"/> Food Service Takeout Food <input type="checkbox"/> Service Institution </div> <div style="width: 48%;"> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Frozen Dessert Manufacturer <input type="checkbox"/> Other </div> </div> </div> </div>	
<p>Food Operations:</p> <p>Definitions: PHF - Potentially Hazardous Food (time/temperature controls required Non-PHF - Non-Potentially Hazardous Food (no time/temperature controls required. RTE - Ready-To-Eat Foods (ex: sandwiches, muffins. No further processing is needed.)</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs <input type="checkbox"/> Delivery of Packaged PHF's <input type="checkbox"/> Preparation of Non-PHF's <input type="checkbox"/> PHF Cooked to Order <input type="checkbox"/> Prep of PHFs for Hot and Cold Holding for Single Meal Service <input type="checkbox"/> Sale of Raw Animal Food Intended to be Prepared by Consumer <input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service <input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility <input type="checkbox"/> Use of Process Requiring a Variance and/Or HACCP Plan (Under the Food Code) <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service <input type="checkbox"/> Offers RTE <input type="checkbox"/> Other: _____ </div>	
<p>To be Completed by the Board of Health:</p> <p>TOTAL PERMIT FEE: \$ _____</p> <p>Payment is due with application</p>	

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.

Signature of Applicant: _____
to the best of my knowledge and belief, have filed all state tax
returns and paid state taxes required under law.

Signature of Individual or Corporate Name: _____
SS or Fed ID # _____