



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583

Total Fee \$ _____

Application for Permit to Operate a Food Establishment

Name of Establishment (what is on the sign?): _____

Business Address: _____

Mailing Address (if different): _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Web Site: _____

Name & Address of Owner (Corp./LLC/Inc./ Individual): _____

Name & Title of Applicant: _____

Food Safety Manager Certification **		
	Name of	Date
Name: _____	Program: _____	Attended: _____
Name: _____	Program: _____	Attended: _____

Seating Capacity: Lounge _____ Dining Area: _____

Classification of food Service Facility / Permit Fee *

- _____ Class 1: Those facilities that are large in size (square footage) OR have more than 75 seats, and/or serve a high risk population..... \$ 200.00
- _____ Class 2: Those facilities that are medium in size OR have 25 to 75 seats OR are warehouses OR caterers OR distributors OR are a mobile unit with a commissary OR are a child care facility, OR are facilities whose primary business is to serve alcohol but also regularly serve potentially hazardous foods.....\$ 100.00
- _____ Class 3: Those facilities that are small in size OR have 0 to 24 seats OR serve only prepackaged non-potentially hazardous foods OR are clubs incorporated under the laws of the Commonwealth OR are clubs which are affiliated with any national fraternal organization for the sale to members and bona fide guests only OR are facilities whose primary business is to serve alcohol but also serve non-potentially hazardous foods\$50.00
- _____ Class 4: Those facilities that are not-for-profit, do not serve liquor, and do not serve meals on a daily basis OR public and parochial schools and institutions OR government facilitiesNo fee
- _____ Seasonal: Those facilities that operate more than 14 days but less than 9 months continuously in the same location.....\$75.00
- _____ Temporary: Those facilities that operate at festivals, fairs or the like for a period of time not to exceed 14 Days in association with a single event. (*** See page 2)

THIS APPLICATION FORM IS 2-SIDED

Additional Information

Water Source: _____ Municipal _____ Private Sewage Disposal: _____ Municipal _____ Private

Dates of Operation if not Annual: _____

Hours of Operation:

_____ Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday

* Please include copy of menu

** Please provide a copy of the Food Safety Manager Certification

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

_____ Social Security Number or Federal Identification Number

_____ Signature of Individual or Corporate Name

Date: _____

by _____
Corporate Officer (if applicable)

Temporary
\$25.00 - for events 1 to 3 days in length
\$50.00 - for events 4 to 10 days in length
\$75.00 - for events over 10 days in length

PERMITS WILL NOT BE ISSUED UNLESS THIS APPLICATION IS FILLED OUT COMPLETELY

For Board of Health Use Only

Date Received

Date Inspected

Approved By

Permit # Issued
