



Town of Richmond Board of Health Application – Food Establishment Permit

Please type or print neatly. All items must be completed, Non-applicable items should be indicated by "N/A".
Incomplete applications can not be processed.

Signing this application certifies that then applicant and the establishment will operate and abide by the provisions of 105 CMR 590.000 State Sanitary Code Article X: Minimum Sanitation Standards for Food Service Establishments.

New License Renewal

Name of Establishment _____ Telephone # _____
 Business Address _____
 Mailing Address (if different) _____
 Name and Title of Applicant _____
 Name of Owner (if different) _____

Corporations or Partnerships: Give name, title, and home address of officers and partners.

Name Title Home Address

State of Incorporation _____

Name of Local Agent _____ Telephone # _____
 Address _____
 Emergency Contact _____ Telephone # _____
 Address _____

Check applicable type of license (a separate application is required for each license type).

Type of Establishment	Permit Fee		Duration of Permit	Amount Due
	<u>Annual</u>	<u>Seasonal*</u>		
<input type="checkbox"/> Retail Food	\$ 50.00		<input type="checkbox"/> Annual	_____
<input type="checkbox"/> Food Service	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Caterer	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Mobile Vendor**	\$ 50.00	\$ 50.00	<input type="checkbox"/> Seasonal	_____
<input type="checkbox"/> Residential Kitchens	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Bed and Breakfast	\$ 50.00			_____
<input type="checkbox"/> Special Event Service	\$ 25.00		<input type="checkbox"/> Temporary	_____

Dates and Hours of Operation (ALL) _____

 Types of Food Served (temporary permit only) _____

*Seasonal licenses – May 1 to October 31, or any time in between.
 **Applications for mobile vendors must include a list of handwash and toilet facilities available on each route.

Water Source _____ Sewage Disposal _____

Seating Capacity (Actual)

Restaurant _____ Bar _____

Person(s)-In Charge (attach copy of certification) _____

Person(s) trained in Allergen Awareness (attach certificate copy) _____

Person trained in anti-choking procedures (if 25 seats or more)? _____

I certify, under the pain and penalties of perjury, that the information provided on this application is correct.

Date of Application

Signature of Applicant

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

*Social Security # or
Federal Identification #*

Individual or Corporate Name

by _____
Signature of Individual or Corporate Officer

Mobile Vendors: List of Handwash and Toilet Facilities

Make Check Payable to “Town of Richmond” and return to:

**Richmond Board of Health
Town Hall
1529 State Rd.
Richmond, MA 01254
Phone: (413) 698-3355**