



# West Brookfield Board of Health



West Brookfield Board of Health  
 P.O. Box 653  
 West Brookfield, MA. 01585

Phone: 508-867-1421 ext 5  
[boh@wbrookfield.com](mailto:boh@wbrookfield.com)

## Permit Application

<b>Name of Establishment:</b>	<b>Phone:</b>		
<b>Address:</b>	<b>Email:</b>		
Name of Applicant/Contact:	Phone:		
Applicant/Contact Address:	Email:		
Event:	Event Location:	Date:	Time:

Check	Type of Establishment	Fee	Total
<input type="checkbox"/>	Farmers Market	<b>\$75.00</b>	
<input type="checkbox"/>	Temporary Food/One Day Permit	<b>\$25.00</b>	
<input type="checkbox"/>	Retail Food Under 100 sq. feet	<b>\$75.00</b>	
<input type="checkbox"/>	Retail Food Over 100 sq. feet	<b>\$100.00</b>	
<input type="checkbox"/>	Food Service Under 50 Seats	<b>\$100.00</b>	
<input type="checkbox"/>	Food Service Over 50 Seats	<b>\$125.00</b>	
<input type="checkbox"/>	Catering/Mobile Food	<b>\$75.00</b>	
<input type="checkbox"/>	Milk	<b>\$25.00</b>	
<input type="checkbox"/>	New Food Establishment	<b>\$200.00</b>	
<input type="checkbox"/>	Campgrounds/Motel/Cabins	<b>\$150.00</b>	
<input type="checkbox"/>	Bed & Breakfast/Air B & B/ Rooming Houses	<b>\$75.00</b>	
<input type="checkbox"/>	Mobile Home Park	<b>\$300.00</b>	
<input type="checkbox"/>	Outdoor Wood Boiler	<b>\$75.00</b>	
<input type="checkbox"/>	Swimming Pools/Hot Tubs (Public)	<b>\$75.00</b>	
<input type="checkbox"/>	Tanning (Per Booth)	<b>\$50.00</b>	
<input type="checkbox"/>	Body Art/ Body Works/ Piercing	<b>\$180.00</b>	
<input type="checkbox"/>	Housing Inspection Per Hour Section 8	<b>\$75.00</b>	
<input type="checkbox"/>	Housing Inspection Per Hour After Compliance Date	<b>\$75.00</b>	
<input type="checkbox"/>	Tobacco Permit	<b>\$50.00</b>	
<input type="checkbox"/>	Pet Store	<b>\$75.00</b>	
<input type="checkbox"/>	Sewage Hauler	<b>\$100.00</b>	
<input type="checkbox"/>	Septic Installer	<b>\$100.00</b>	
<input type="checkbox"/>	Late Fee	<b>\$25.00</b>	
<input type="checkbox"/>	Percolation Tests	<b>\$200.00</b>	
<input type="checkbox"/>	Disposal Works Construction Permit	<b>\$250.00</b>	
<input type="checkbox"/>	Additional Perc Test/Septic Inspections Per Hour after	<b>\$75.00</b>	
<input type="checkbox"/>	Re-Inspection 3 or More Times	<b>\$75.00</b>	

**Make Checks Payable to: Town of West Brookfield**

*\*Permits will not be issued if you do not have a current business license.*

**All Food Handlers:**

- 1. As of October 2018, at least one Certified Food Manager is required to be present for all Food Service operations which handle potentially hazardous foods (PHF's)
- 2. As of October 2018, at least one staff person who has completed allergen awareness training must be present.
- 3. Any food service establishment having a seating capacity of 25 persons or more shall have on its premises, while serving food, an employee trained in anti-choking.

**A copy of each certificate must be on file at the Board of Health Office.**

- I have included a copy of each certificate with this application.
- I certify that I am familiar with, 105 CMR 590.00 Minimum Standards for Food Establishments-Article X, and my establishment will be operated and maintained in accordance with the regulations. \*

**Tobacco:**

- I have attached a copy of my Department of Revenue "Cigarette/Cigar Retailers License".
- I have reviewed and attached the West Brookfield Board of Health Tobacco Statement Form. \*

**Catering:** I have reviewed and attached the Guidelines for Catering. \*

**1-Day food Permit:** I have reviewed and attached the Guidelines for a Mobile Food Vendor. \*

**Swimming Pool / Hot tub:**

I have included a copy of the Certified Pool Operator Certificate with this application.  
Maximum # of Bathers: \_\_\_\_\_ Minimum # of Lifeguards required: \_\_\_\_\_

**Name of Certified Pool Operator:** \_\_\_\_\_ **Company** \_\_\_\_\_

**Body Art/Body Works Technician:**

- Photographic proof of identity and age. (Driver's License or Passport)
- High school diploma or equivalent.
- Evidence of course completion in Preventing Disease (Blood borne Pathogens).
- Evidence of current certification in First Aid and CPR.
- Proof of completion of course in Anatomy or training & experience deemed acceptable by the Board of Health.
- Proof of eligibility for membership as a Professional by the Association of Professional Piercers.
- Proof of eligibility for membership as a Professional Tattooist by the Alliance of Professional Tattooists.
- Proof of one (1) year of licensing in another municipality or state, or one (1) year apprenticeship as a piercer, two (2) years apprenticeship as a tattooist.
- A certificate from a physician stating that within 30 days prior to the submission of the application, the applicant has been found free of any contagious or communicable disease.
- Proof of having received the Hepatitis B Series.

*\*Please be sure to include the Worker's Compensation Insurance Affidavit: General Business **and** a copy of your current Liability Policy.*

**I certify, under the pains and penalties of perjury, that the information provided to the Board of Health is correct. I agree to abide by all terms and conditions set forth by the Board of Health.**

**Applicant Signature:** \_\_\_\_\_

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

