



# West Brookfield Board of Health



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

Phone: 508-867-1421 ext 310  
[boh@wbrookfield.com](mailto:boh@wbrookfield.com)

## Permit Application

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

Check	Type of Establishment	Fee	Total
<input type="checkbox"/>	Farmers Market	\$75.00	
<input type="checkbox"/>	Cottage Kitchen	\$75.00	
<input type="checkbox"/>	Temporary Food/One Day Permit	\$25.00	
<input type="checkbox"/>	Retail Food Under 100 sq. feet	\$75.00	
<input type="checkbox"/>	Retail Food Over 100 sq. feet	\$100.00	
<input type="checkbox"/>	Food Service Under 50 Seats	\$100.00	
<input type="checkbox"/>	Food Service Over 50 Seats	\$125.00	
<input type="checkbox"/>	Catering/Mobile Food	\$75.00	
<input type="checkbox"/>	Milk	\$25.00	
<input type="checkbox"/>	Frozen Dessert	\$30.00	
<input type="checkbox"/>	New Food Establishment	\$200.00	
<input type="checkbox"/>	Campgrounds/Motels/Cabins	\$150.00	
<input type="checkbox"/>	Bed & Breakfast/ Air B & B/ Rooming Houses	\$75.00	
<input type="checkbox"/>	Mobile Home Park	\$300.00	
<input type="checkbox"/>	Outdoor Wood Boiler	\$75.00	
<input type="checkbox"/>	Swimming Pools/Hot Tubs (PUBLIC)	\$75.00	
<input type="checkbox"/>	Tanning (PER BOOTH)	\$50.00	
<input type="checkbox"/>	Body Art/Body Works/Piercing	\$180.00	
<input type="checkbox"/>	Housing Inspection Per Hour Section 8	\$75.00	
<input type="checkbox"/>	Housing Inspection Per Hour After Compliance Date	\$75.00	
<input type="checkbox"/>	Tobacco Permit	\$50.00	
<input type="checkbox"/>	Pet Store	\$75.00	
<input type="checkbox"/>	Septic Hauler	\$100.00	
<input type="checkbox"/>	Septic Installer	\$100.00	
<input type="checkbox"/>	Trash Hauler	\$100.00	
<input type="checkbox"/>	Percolation Tests	\$200.00	
<input type="checkbox"/>	Disposal Works Construction Permit	\$250.00	

<input type="checkbox"/>	Additional Perc Test/Inspections Per Hour After	<b>\$75.00</b>	
<input type="checkbox"/>	Re-Inspection 3 or More Times	<b>\$75.00</b>	
<input type="checkbox"/>	Late Fee	<b>\$25.00</b>	
		<b>TOTAL:</b>	

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

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

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

*\*All REQUIRED paperwork must be submitted before permit is issued.*

**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. \*

**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.

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