



Timothy M. Rivers
Director

Board of Health
City Hall Annex, Room 306
Holyoke, MA 01040
Tel 413-322-5595
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Food Establishment Permit Application

APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LESS THAN 30 DAYS BEFORE OPENING DATE
PLEASE SUBMIT ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS WILL BE RETURNED.
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED.

Establishment Name _____ Date _____

Establishment Address _____

Telephone _____ Email _____

Owner Name _____ FID/SSN# **XXX-XX-** _____

Mailing Address _____

Telephone _____ Email _____

Person Responsible for Daily Operations (Manager/Supervisor, etc.)

Name _____ Title _____ Phone _____

Email _____

Secondary/Emergency Contact _____ Phone _____

Email _____

Please enclose current copies of:

☐ Food Safety Manager Certification ☐ Food Allergen Awareness Certification ☐ Anti-Choking Procedures Training

ESTABLISHMENT TYPE & FEE SCHEDULE (Check all that Apply)

☐ Retail (_____ sq. ft)

☐ under 2,500 sq ft **\$150.00**

☐ 2,500-15,000 sq ft **\$200.00**

☐ Over 15,000 sq ft **\$300.00**

☐ Food Service- (_____ seats)

☐ under 25 seats **\$150.00**

☐ 25-100 seats **\$200.00**

☐ 101-200 seats **\$250.00**

☐ Over 200 seats **\$300.00**

☐ **Caterer-Fee \$100.00 (Pre-ordered Menu/Delivery)**

Report to the Board of Health 72hrs before a **pre-paid** events

☐ Temporary (Tables/Tents/Vending on Sight)

14 Days Maximum-Fill out Reverse Page

☐ Bakery (please specify) ☐ Full **\$150.00** ☐ Limited **\$ 50.00**

☐ Frozen Dessert Manufacturer-Fee **\$100.00**

☐ Tobacco Permit-Fee **\$100.00**

Please provide **DOR #** _____

☐ **Enclose copy** of Mass State Cigarette License please go to
(www.mass.gov/dor/forms/cigarette-and-tobacco) OR call 1-800-392-6089

TOTAL FEE AMOUNT \$ _____

I, 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 Permit Holder: _____ Date _____

For Office Use Only-Make all checks payable to the City of Holyoke					
ALL FEES ARE NON-REFUNDABLE					
Date Received	Amount Received	Check No.	Received by:	Customer #:	Invoice:

TEMPORARY EVENT FOOD PERMIT

14 Days Maximum

Location of unit for Operation _____
(Street or site location)

Date(s) of event and hours of operation: _____ Hours: _____
_____ Hours: _____
_____ Hours: _____

Additional Permitting

- ☐ Open Air Permit (Licensing) ☐ Hawkers & Peddlers (Police Department)
☐ DPW (Public Location) ☐ Cooking/Heating Fire Department Approved

Temporary Establishment Set-up

- ☐ Mobile Food Cart with Umbrella
☐ Tables, Tents, Umbrellas & Equipment

Menu: (List all items you intend to serve)

Base of Operations/Licensed Kitchen information

☐ Required Letter from Permitted Kitchen

According to 105 CMR 590.009 State Sanitary Code, it is required that all mobile units must operate from a fixed, licensed food establishment, or food processing plant, and shall report at least daily to such locations for all food, water, supplies, and for all cleaning and servicing operations. Mobile food operators shall retain the list of ingredients and the receipt for all bulk foods, which must indicate that name of the food item, the date purchased, and the name of the approved food source licensed in accordance with 105 CMR 500.000.

Therefore, in addition to completing the annual food permit application, workers' compensation form, you must also fill out in its entirety, the attached base of operation form and attach a copy of the "base of operations" food permit. A permit will not be issued to any mobile unit, with these forms not completed and reviewed by the Board of Health.

Please be advised that unlicensed residential kitchens **cannot** be used as a base of operations

Business Name: _____

Address: _____

City/Town: _____

Telephone: _____

***By signing below, I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and the above-described establishment will be operated and maintained in accordance with regulations. I have certified that I received and understand the mobile/temporary guidelines that explain food safety storage, cooking, reheating, cooling, serving, and hygiene practices that required of my food establishment.**

****Application fee is nonrefundable**

****Fee due with application**

Applicant's Signature: _____ Date: _____