Department of Health & Human Services
Board of Health
212 Main Street
Northampton, MA 01060
Tel: (413) 587-1214
Commissioner: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY

Date: _____
Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit ☐
Food Protection Manager ☐
Allergy Certificate ☐
Choking Certificate ☐

2023 FOOD ESTABLISHMENT PERMIT APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE

Renewal Application Late Fee's: $100.00 for first 30 days; $200.00 for 60 days and each month thereafter

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

Establishment Owned by (Check one Box) Please attach List of Corporate and Partnership Officers

☐ An Association ☐ A Corporation ☐ An Individual ☐ A Partnership ☐ Other Legal Entity

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name Title Home Address

_____

24 Hour Emergency Contact-Person In Charge

Name & Title: _____

Address: _____

Telephone #: _____

24 Hour Emergency #: _____

Email: _____

FOOD ESTABLISHMENT INFORMATION

Days, and Hours of Operation: _____

Name of Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Person Trained in Anti-Choking Procedures (if 25 or more seats): _____

In Accordance with 105 CMR 590.003 (A) 590.009 and 590.003 (B)

PLEASE ATTACH COPIES OF CERTIFICATIONS

Check all that apply

√	Establishment Type	Base Fee	Base Fee plus Seats based on Occupancy	Base Fee plus Square Footage based on Retail	TOTAL
	Food Service Establishment	$150.00		Not applicable	
	Retail Food Establishment	$100.00	Not applicable		
	Caterer	$150.00	Not applicable	Not applicable	
	Frozen Dessert Manufacturer	$5.00	Not applicable	Not applicable	
	Bar	$150.00		Not applicable	
	Bed and Breakfast	$150.00		Not applicable	
				TOTAL	

Occupancy Fee Calculation Table

Total Seating Capacity	Additional Fee	Seating Capacity	Additional Fee
1-24	$25.00 plus base	300-349	$350.00 plus base
25-49	$50.00 plus base	350-399	$400.00 plus base
50-74	$75.00 plus base	400-449	$450.00 plus base
75-99	$100.00 plus base	450-499	$500.00 plus base
100-149	$150.00 plus base	500-549	$550.00 plus base
150-199	$200.00 plus base	550-599	$600.00 plus base
200-249	$250.00 plus base	600-649	$650.00 plus base
250-299	$300.00 plus base	650-699	$700.00 plus base

Retail Food Permit Calculation Chart

Square Feet	Permit Cost
Less than 2,500 sq ft	$100.00 Base Only
2,500 – 15,000	$50.00 plus base
15,001 – 30,000	$250.00 plus base
30,001 – 45,000	$450.00 plus base
45,001 – 60,000	$650.00 plus base
60,000+	$900.00 plus base

Water Source: □ Public □ Well Sewage Disposal: □ Public □ Well

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 Applicant: _____

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signature of Corporate Representative (i.e. President, CFO. COO): _____

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information **Please Print Legibly**

Business/Organization Name:_____

Address:_____

City/State/Zip:_____ Phone #:_____

Are you an employer? Check the appropriate box:

1. ☐ I am a employer with _____ employees (full and/ or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name:_____

Insurer's Address:_____

City/State/Zip: _____

Policy # or Self-ins. Lic. #_____ Expiration Date:_____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature:_____ Date:_____

Phone #:_____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #_____

Issuing Authority (circle one):
1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person:_____ Phone #:_____