



CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-325-5260
WEBSITE: www.gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

FOOD ESTABLISHMENT PERMIT APPLICATION

Application must be submitted at least 30 days before the planned opening date or 30 days before expiration of license

****ANY PAYMENTS RECEIVED AFTER FEBRUARY 1ST WILL BE SUBJECT TO A \$50 LATE FEE****

THERE IS A FEE FOR EACH PERMIT. Please check all that applies:

\$125-RETAIL \$200-FOOD SERVICE ESTABLISHMENT \$75-RESIDENTIAL \$100-CATERING

Length of permit (check one): ANNUAL SEASONAL/from _____ to _____

Establishment Name: _____ Contact Person: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No: _____ 24 Hour Emergency No: _____

Establishment Owned By:

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 partner:

Name: _____ Title: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

PLEASE CIRCLE EITHER YES OR NO: City Water: yes/no Well: yes/no Septic System: yes / no
Days & Hours of Operation: _____ No. Of Employees: _____

NAME OF PERSON IN CHARGE CERTIFIED IN FOOD PROTECTION MANAGEMENT (Food Service Establishment ONLY)
Please attach copy of certificate:

Name: _____ Phone No: _____ Certification No: _____

Person trained in Anti-Choking Procedures (if 25 seats or more): YES: _____ NO: _____

Establishment Type (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Retail (_____ Sq. Ft.) | <input type="checkbox"/> Food Delivery |
| <input type="checkbox"/> Food Service- (_____ Seats) | <input type="checkbox"/> Residential Kitchen for Retail Sale |
| <input type="checkbox"/> Food Service- Takeout | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home |
| <input type="checkbox"/> Food Service-Institution (_____ Meals/Day) | <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Establishment |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Frozen Dessert Manufacturer |

Food Operations (check all that apply):

Definitions: PHF - potentially hazardous foods (time/temperature controls required)
Non-PHF's - non-potentially hazardous foods (no time/temperature controls required)
RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

- Sale of Commercially Pre-Packaged Non-PHF's
- Sale of Commercially Pre-Packaged PHF's
- Delivery of Packaged PHF's
- Reheating of Commercially Processed Foods For Service Within 4 Hours
- Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- Preparation of Non-PHF's
- PHF Cooked to Order
- Preparation of PHF's for Hot and Cold Holding for Single Meal Service
- Sale of Raw Animal Foods Intended to be Prepared by Consumer
- Customer Self-Service
- Ice Manufactured & Packaged for Retail Sale
- Juice Manufactured & Packaged for Retail Sale
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
- PHF and RTE Foods Prepared For a Highly Susceptible Population or Facility
- Vacuum Packaging/Cook Chill
- Use of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Offers Raw or Undercooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other(Describe): _____

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 laws. I further certify that my water, sewer and tax bills have been paid to the City of Gloucester.

Signature of Applicant: _____ Date: _____

Social Security Number or Federal ID: _____ Signature of Individual or Corporate Name: _____

Food Inspector; Brian Meuleman
Direct Phone: 978-325-5264
Email: bmeuleman@gloucester-ma.gov