



TOWN OF MILFORD
BOARD OF HEALTH

Milford Town Hall 52 Main Street, Milford MA01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT

Annual Permit Fee: See Below (Payable to the Town of Milford)

APPLICATION FEES ARE NON-REFUNDABLE

FOOD ESTABLISHMENT INFORMATION

Name of Food Establishment: _____

Address of Food Establishment: _____

Mailing Address: _____
(For correspondence, Permit renewal notices, etc.)

Email: _____ Phone: _____

OWNER INFORMATION

Owning entity is a(n): ☐ Corporation ☐ Partnership ☐ Association ☐ Individual ☐ Other entity

Name of owning entity: _____

Contact Person: _____ Title: _____

Address: _____
_____ Phone: (____) _____

Person Directly Responsible for Daily Operations of this Food Establishment:

Title: _____ Phone: (____) _____

Immediate Supervisor of Person noted above (such as District or Regional Supervisor):

Title: _____ Phone: (____) _____

24-HOUR EMERGENCY PHONE NUMBER: (____) _____

CERTIFICATIONS

YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED BELOW

Name(s) of Certified Food Managers: _____ Expiration Date: _____

Milford Board of Health regulations require that a certified food manager be on-site whenever food is being prepared or served – be sure to provide sufficient staff certifications to ensure compliance.

Allergen Awareness Training Certification Holder(s): _____

Expiration Date: _____

The person certified in Allergen Awareness must also possess a food manager certification in accordance with 105 CMR 590.011(C)(3)(a).

Anti-Choking Certification(s) (MGL CH.94§305D)(Establishments with over 25 seats or more):

Expiration Date: _____

TYPE OF FACILITY – PERMIT FEES

Food Service – means an establishment where foods are prepared

Retail Food – means an establishment with pre-packaged foods

<input type="radio"/> Food Service (0-75 seats)	\$200.00	<input type="radio"/> Retail Food (less than 5,000)	\$125.00
<input type="radio"/> Food Service (75+ seats)	\$350.00	<input type="radio"/> Retail Food (more than 5,000)	\$300.00
<input type="radio"/> Caterer	\$50.00	<input type="radio"/> Temporary Mobile Food Establishment per Event	\$15.00
<input type="radio"/> Non-Profit	No Fee	<input type="radio"/> Temporary Mobile Food Establishment per Season	\$75.00
<input type="radio"/> Private Clubs	\$50.00	<input type="radio"/> Plan Review (New or Renovations)	\$100

DATES AND HOURS OF OPERATION

☐ Establishment operates year round

☐ Establishment is seasonal _____ to _____

Monday: _____ to _____

Friday: _____ to _____

Tuesday: _____ to _____

Saturday: _____ to _____

Wednesday: _____ to _____

Sunday: _____ to _____

Thursday: _____ to _____

MAINTENANCE

Potable Water Source: ☐ Municipal Water ☐ On-Site Well

Sewerage Disposal: ☐ Municipal ☐ On-Site Sewage Disposal System

Revised: April 21, 2021

Chemical Sanitizer used: _____
Pest Control Company: _____
Waste Disposal Company: _____
Grease Trap Maintenance Pumping Company: _____

SIGNATORY PAGE

- ✓ 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, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.
- ✓ I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (<https://www.sec.state.ma.us/spr/sprcat/agencies/105.htm>)
- ✓ I have been provided a copy of the Town of Milford Board of Health Inspection Policy for Food Establishments.

No application for a food establishment permit shall be considered without the following information – Please be sure to complete ALL items in box below:

Pursuant to MGL Chapter 62C, § 49A, I certify under penalty of perjury that I, to the best of my knowledge, have filed all state tax returns and paid state and local taxes required under law.

Social Security Number OR Federal ID Number: _____

Print Name: _____

Mailing Address: _____

Applicant Date of Birth: _____ **Date:** _____

Signature: _____