



Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, Ma. 01432

Food Service Permit Application

Name of Business _____

Business address _____ Town _____

Phone number _____ Email _____

Name of Applicant _____ Fax _____

Address of Applicant _____

Name of owner of building (if different from applicant) _____

Emergency response contact _____

Type of Food Operation

Retail (pre-packaged foods only)

Food Service (based on the number of seats)

Plan Review \$125.00

Caterer - \$60.00

Mobile Food - \$85.00 (see mobile food guidelines)

Residential Kitchen – \$100.00 (see residential kitchen guidelines)

Farmers Market- \$25.00 Town _____

- If 25 or more seats, it is mandatory that one employee be trained in anti-choking procedures
- If applicable – please submit a copy of Certified Food Management Training Certificate and allergen certificate with this application.

Total number of seats in the establishment _____

Water source (town or private well or public water supply) _____

(978) 772-3335 (800) 427-9762 FAX (978) 772-4947

Type of Sewage Disposal (town or private sewer) _____

Is a pest control program planned? Yes _____ No _____

Pest control company name and address _____

Source of supplies:

1. Bakery goods _____
2. Dairy products _____
3. Meats/poultry _____
4. Seafood _____
5. Ice _____

Building construction – If this is a new or remodeled establishment you must submit floor plans and equipment schedule with the appropriate plan review fee of \$125.00

1. Materials used in floors _____
2. Materials used on walls _____
3. Materials used on ceilings _____
4. Number of toilet rooms _____
5. Type of dishwasher (high or low temp) _____
6. Number of grease traps _____
7. Public water supply number (if applicable) _____
8. Disposal of garbage or rubbish _____

***** Contact Nashoba Board of Health prior to any changes in the establishment such as:**

1. Adding/removing equipment
2. Adding seats
3. Significant menu changes

You are advised to contact all town departments to determine additional permitting or licensing requirement (Building Inspector, Board of Selectmen, Planning Board etc)

Mobile food establishments / Residential Kitchens/ Temporary Food vendors are limited to serving menu items that have been approved by the Nashoba Board of Health.

The approved use of the proposed facility will be based on the approved capacity of the on site sewage disposal system, if the site is served by an onsite sewage disposal system.

I hereby acknowledge that I am aware of and will obey by all regulations including Title V (if applicable), The Federal Food Code and the Minimum Sanitation Standards for Food Establishments State Sanitary Code 105 CMR 590.000 595.000.

I will not make any changes to the establishment without notifying the appropriate departments.

Pursuant to MGL ch62 c, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all tax returns and paid state taxes under law.

Signature _____ Date _____