



TOWN OF AQUINNAH

BOARD OF HEALTH

health-agent@aquinnah-ma.gov

774-836-7871

Application for Food Establishment

In Accordance with 105 CMR 590.000
and Aquinnah BOH Regulation

Return To: Marina Lent, Health Agent, health-agent@aquinnah-ma.gov

<p>Instructions:</p> <ul style="list-style-type: none"> • Complete the entire two-page application form and attach requested documents. • Attach a separate check for each license application, made payable to: Town of Aquinnah. <p><i>Submit a separate application for each facility or activity to be licensed</i></p>		<p>Permit #</p> <p>Dates of Operation: _____</p> <p>Type:</p> <table> <tr> <td>___</td> <td>Restaurant</td> <td>\$100</td> </tr> <tr> <td>___</td> <td>Retail</td> <td>\$100</td> </tr> <tr> <td>___</td> <td>Cottage Kitchen</td> <td>\$ 50</td> </tr> <tr> <td>___</td> <td>Pre-packaged</td> <td>\$ 50</td> </tr> <tr> <td>___</td> <td>Innholder</td> <td>\$ 50</td> </tr> <tr> <td>___</td> <td>Frozen Dessert</td> <td>\$ 50</td> </tr> </table> <p>Other</p>		___	Restaurant	\$100	___	Retail	\$100	___	Cottage Kitchen	\$ 50	___	Pre-packaged	\$ 50	___	Innholder	\$ 50	___	Frozen Dessert	\$ 50
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<p>1. Business Name:</p> <p>Owner:</p> <p>Facility owner, if different:</p>		<p>2. Telephone #: ()</p> <p>Email: _____</p>																			
<p>3. Dates and Hours of Operation:</p>																					
<p>4. Mailing Address:</p>																					
<p>5. Facility Address (if different from Mailing Address):</p>		<p>6. Telephone #: ()</p>																			
<p>7. Responsible Contact Person:</p>		<p>8. Twenty-four (24) Hour Emergency Telephone #:</p>																			
<p>Water Source:</p> <p>Private Well: ___</p> <p>PWS: ___</p> <p>Other: ___</p>		<p>Fuel Source:</p> <p>Gas:</p> <p>Electric:</p> <p>Other:</p>																			

23) Food Operations: (check all that apply):		Definitions: <i>PHF-potentially hazardous food (time/temperatures controls required)</i> <i>Non-PHF's-non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	
<input type="checkbox"/> Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin	
<input type="checkbox"/> Delivers Food Within 1 Hour of Preparation	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe): _____ _____	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities		
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food		

Please enclose the following documents:

- Proposed Menu or complete list of food and beverages to be offered
- Worker's Comp Affidavit
- Serve-Safe and Allergen Awareness certifications
- Copy of Fire/hood inspection, Fly/Rodent Control Contract, trash removal, other maintenance contracts if applicable

I hereby certify that the above information is true to the best of my knowledge and that I will comply with all applicable laws and regulations of the Commonwealth of Massachusetts, the Department of Public Health, and the Aquinnah Board of Health pertaining to the activity for which I am applying. In addition, pursuant to M.G.L. C. 62C, § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

/ /
Date

Owner or Corporate Officer

APPLICATION Each site or activity requires a separate application form. No license issued pursuant to this application shall be transferred or assigned.

NOTE: Copies of the Massachusetts General Laws and the Code of Massachusetts Regulations may be obtained from the State House Bookstore located in Boston (617-727-2834), Fall River (508-646-1374) or Springfield (413-784-1376).