



**Town of Reading**  
**16 Lowell Street**  
**Reading, MA 01867-2683**

**HEALTH**  
Phone: (781) 942-9061  
Fax: (781) 942-9071  
Website: [www.ci.reading.ma.us](http://www.ci.reading.ma.us)

## Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Mailing Address (if different):																
4) Establishment Telephone No:																
5) Applicant Name & Title:																
6) Applicant Address:																
7) Applicant Telephone No:	24 Hour Emergency No:															
8) Owner Name & Title (if different from applicant):																
9) Owner Address (if different from applicant):																
10) Establishment Owned by:  An association A corporation An individual A partnership Other legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partner. <table border="1"><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<u>Name</u>	<u>Title</u>	<u>Home Address</u>														
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)																
Name & Title:																
Address:																
Telephone No:	Fax:															
Emergency Telephone No:																
13) District or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax:															

OVER

## Food Establishment Information

14) Water Source:  DEP Public Water Supply No: ( if applicable)		15) Sewage Disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A)</i>			
19) Person Trained in Anti-Choking Procedures ( if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location: (check one) Permanent Structure Mobile	22) Establishment Type (check all that apply) Retail (                  Sq. Ft) Food Service – (                  Seats) Food Service – Takeout Food Service – Institution (                  Meals/Day)	Caterer Food Delivery Residential Kitchen for Retail Sale Residential Kitchen for Bed and Breakfast Home Residential Kitchen for Bed and Breakfast Establishments Frozen Dessert Manufacturer	
21) Length Of Permit: (check one) Annual Seasonal/Dates:  _____ Temporary/Dates/Time:  _____	Other (Describe)		
23) Food Operations:  (check all that apply):		Definitions: <i>PHF – potentially hazardous food (time/temperature controls required)</i> <i>Non-PHF – 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>	
Sale of Commercially Pre-packaged Non-PHFs	PHF Cooked to Order	Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service	
Sale of Commercially Pre-packaged PHFs	Preparation of PHFs For Hot And Cold Holding for Single Meal Service	PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
Delivery of Packaged PHFs	Sale of Raw Animal Foods Intended to be Prepared by Consumer	Vacuum Packaging/Cook Chill	
Reheating of Commercially Processed Foods for Service Within 4 hours	Customer Self-Service	Use of Process Requiring A Variance and/or HACCP Plan (including bare hand contact alternative, time as public health control.	
Customer Self-Service of Non-PHF and Non- Perishable Foods Only	Ice Manufactured and Packaged for Retail Sale	Offers Raw or Undercooked Food of Animal Origin	
Preparation of Non-PHFs	Juice Manufactured and Packaged for Retail Sale	Prepares Food/Single Meals for Catered Events or Institutional Food Service	
	Offers RTE PHF in Bulk Quantities	<div style="border: 1px solid black; padding: 5px;"> <i>To be completed by the Board of Health</i>                       Total Permit Fee: _____                      Payment is due with application                 </div>	
	Retail Sale of Salvage, Out of Date or Reconditioned Food		

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.

24) Signature of Applicant: \_\_\_\_\_

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, Have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: \_\_\_\_\_

26) Signature of Individual or Corporate Name: \_\_\_\_\_