

FOR BOARD OF HEALTH USE ONLY App #: _____

Check# _____ Fee Paid _____ Approved By _____

Permit #: _____

Receipt # _____

TOWN OF WAYLAND

RENEWAL Limited Food Service-Russell's Farmers Market

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

Check off and attach the following documentation:

Check **\$75.00** made payable to Town of Wayland ___ Workers Comp Dec Pg ___ Serve Safe Cert ___ Allergen Awareness Cert ___ Menu ___ Food Establishment License ___ Residential Kitchen License ___ Packaged Food Labels ___

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

Food Establishment Information

16) Water Source: DEP Public Water Supply No: (if applicable)		17) Sewage disposal:			
18) Days and Hours of Operation:		19) No. of Food Employees:			
20a) Person In Charge Certified in Food Protection Management and Date of Certification (5 yrs) if potentially hazardous foods are being served (Farmer's Market language)v 2/22/12: Include copy of certificate					
20b) Name of Person and Date of Allergy Video Certification (5 yrs): Include copy of certificate					
20c) Person licensed by city, town or state and expiration date of license: Include copy of license Required as of 10/1/2001in accordance with 105 CMR 590.003(A)					
21c) N/A					
22) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		23) Establishment Type (check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ Meals/Day) </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer </td> </tr> </table>		<input type="checkbox"/> Retail (_____ Sq. Ft) <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer
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24) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		Other (Describe)			
25) Food Operations: (check all that apply):		Definitions: <i>PHF – potentially hazardous food(time/temperature controls required)</i> <i>Non-PHFs – 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"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order				
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.				
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill			
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	V 2/22/12 N/A for Massachusetts			
<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"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service			
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities					
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 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.

26) Signature of Applicant: _____

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

27) Social Security Number or Federal ID: _____

28) Signature of Individual or Corporate Name: _____

Event Information TOWN OF WAYLAND

35) Food Sources _____

Source & Storage of Water/Ice _____

Storage & Disposal of Wastewater _____

Storage & Disposal of Garbage _____

36) PLAN REVIEW: A) Describe here the floor, wall and ceiling surfaces:

B) Draw in the booth layout and identify all equipment including hand washing facilities, dishwashing facilities, ranges, refrigerators, worktables, food/single service articles, storage, etc.

37) A) Will you be doing any sampling? Yes ___ No ___

B) Which items will you sample? _____

C) Where will the sampled items be prepared? _____

D) How will you ensure temperature control if PHF? _____

E) How will you prevent customer hand contact (tongs or portion cups, other)? _____

F) How will you prevent airborne contamination (cover or sneeze guard)? _____
