



**TOWN OF GROVELAND
BOARD OF HEALTH
FOOD ESTABLISHMENT PERMIT APPLICATION**

PLEASE MAKE CHECK PAYABLE TO TOWN OF GROVELAND

RESTAURANT (More than 25 seats) ___ Fee \$100.00 RETAIL STORE ___ Fee \$50.00
RESTAURANT (Less than 25 seats) ___ Fee \$75.00 RESIDENTIAL KITCHEN ___ Fee \$50.00
MOBILE ___ Fee \$50.00 TEMPORARY FOOD ___ Fee \$50.00

Name of Establishment _____

Location of Establishment _____

Mailing Address (if different) _____

Applicant's Name and Address _____

_____ Phone _____

Owners Name and Address (if different) _____

_____ Phone _____

Email _____

Applicant: Individual _____ Partnership _____ Corporation _____

Name and Home Address of Partners or Corporate Officers

Food Safety Manager _____

_____ Phone _____

COPY OF FOOD SAFETY TRAINING and ALLERGY AWARENESS CERTIFICATE REQUIRED

List of Employees _____ Completion Date _____

FOOD ESTABLISHMENTS WITH SEATING CAPACITY OF 25 PERSONS OR MORE MUST PROVIDE COPY OF FIRST AID CERTIFICATION

WATER SOURCE – Town water _____ Private well _____

MOBILE FOOD UNITS and PUSH CARTS – List handwashing and toilet facilities available on each route (use reverse side of application if necessary) _____

Signature of Applicant _____ Date _____