



# TOWN OF GROVELAND

BOARD OF PUBLIC HEALTH

183 Main Street

Groveland, Massachusetts 01834

## # FOOD ESTABLISHMENT PERMIT APPLICATION FEE \$50.00 MUST ACCOMPANY APPLICATION, CHECKS PAYABLE TO: TOWN OF GROVELAND

Check one: Food Service Establishment \_\_\_\_\_  
Retail Food Store \_\_\_\_\_  
Bakery \_\_\_\_\_  
Other \_\_\_\_\_

Check one: Annual \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Location of Establishment \_\_\_\_\_

Applicant's Name & Address \_\_\_\_\_

Phone \_\_\_\_\_

Owner's Name & Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_

Is Applicant: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Name & Home Address of Partners or Corporate Officers:

\_\_\_\_\_  
\_\_\_\_\_

Name & Address of local Agent: \_\_\_\_\_

Phone \_\_\_\_\_

### FOOD SERVICE TRAINING REQUIREMENT:

List of employees: \_\_\_\_\_

Completion Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Food Establishments with seating capacity of 25 persons or more:

a) List all employees trained to manually remove food lodged in a person's throat. (use reverse side of application if necessary)

b) Name of Insurance Company contracted to cover employees trained in rendering such assistance: \_\_\_\_\_

Mobile Food Units & Pushcarts: List handwashing & toilet facilities available on each route (use reverse side of application if necessary) \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_