INSPECTIONAL SERVICES DEPARTMENT
CITY OF CAMBRIDGE- 831 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139
617-349-6100 -TTY 617-349-6112 - Fax 617-349-6132

Choose Type

- ☐ Alcohol
- ☐ Bakery
- ☐ Catering
- ☐ Mobile Food Truck
- ☐ Non-Alcohol
- ☐ Package
- ☐ Retail

Serving/Selling

- ☐ Milk
- ☐ Frozen Dessert

Office Use Only:	
Amount Received:	
Date Paid:	
Insp. Approval:	

FOOD ESTABLISHMENT PERMIT APPLICATION

In accordance with 105 CMR 590.00

INSPECTIONAL SEVICES DEPARTMENT USE ONLY

Date Received: _____ **Approved By:** _____

Date Inspected: _____ **Permit # Issued:** _____

1. **Establishment (Truck) Name:** _____
2. **Establishment Address:** _____
3. **Establishment E-Mail Address:** _____
4. **Establishment Telephone Number:** _____
5. **Applicant Name:** _____
6. **Applicant Address:** _____
7. **Owner Name & Title** ***(if different from applicant)*** **:** _____
8. **Owner Address** ***(if different from applicant)*** **:** _____

   _____
9. **Owner Telephone Number:** _____
10. **Person directly responsible for daily operations** ***(owner, person in charge, supervisor, manager etc.)***

    Name & Title: _____

    Address: _____

    Telephone Number: _____

    Emergency Telephone Number: _____

(Continued on back)

11. **Days and Hours of Operation:** _____

12. **Extermination Co.:** _____

13. **Grease Removal Co.:** _____

14. **Rubbish Removal Co.:** _____

15. **Name of person in charge certified in Food Protection Management *(105 CMR 590.003(A); attach copy of certificate)* :**

_____

16. **Name of person(s) trained in Anti-Choking procedures, 25 seats or more *(105 CMR 590.009 (E); attach copy of certificate(s))* :**

_____

17. **Establishment type:**

- ☐ Retail (Sq. Ft.)
- ☐ Food Service (No. of seats:)
- ☐ Caterer

Also Serving/Selling:

Frozen Dessert

Is mixed purchased? Yes ☐ No ☐

If yes from whom?

_____

Is mix pasteurized? Yes ☐ No ☐

Name of Bacteria Testing Lab?

_____

18. **Food Operations *(check all that apply):***

- ☐ Sale of commercially pre-packaged Non-PHFs
- ☐ Sale of commercially pre-packaged PHFs
- ☐ Delivery of packaged PHFs
- ☐ PHF cooked to order
- ☐ Hot PHF cooked and cooled or hot held for more than single meal service
- ☐ Preparation of PHFs for hot and cold holding for single meal service
- ☐ PHF and RTE foods prepared for highly susceptible population facility
- ☐ Sale of raw animal foodsintended 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 a 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
- ☐ Retail sale of salvage, out of date or reconditioned food

I, the undersigned, attest to the accurancy 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 laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and Federal Food Code.

Signature of Applicant : _____ **Date:**