



City of Leominster
Office of the Health Department
25 West Street – Suite 9
Leominster, Massachusetts 01453
www.leominster-ma.gov

Tel: (978) 962-3558
Fax: (978) 534-8416

Food Permit Application

Type of Facility

Select All That Are Applicable

- | | | | |
|---|-------|---|-------|
| <input type="checkbox"/> Food Service (Less Than 50 Seats): | \$50 | <input type="checkbox"/> Retail with Food Service: | \$125 |
| <input type="checkbox"/> Food Service (50 - 99 Seats): | \$75 | <input type="checkbox"/> Mobile Food: | \$150 |
| <input type="checkbox"/> Food Service (100 Seats or More): | \$100 | <input type="checkbox"/> Caterer License: | \$100 |
| <input type="checkbox"/> Retail Food (Up to 5 Employees): | \$50 | <input type="checkbox"/> Bakery License: | \$50 |
| <input type="checkbox"/> Retail Food (Over 5 Employees): | \$100 | <input type="checkbox"/> Non-Profit/House of Worship: | \$0 |

Establishment Information

Establishment Name: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Owner Information

Owning Entity: Individual Corporation Partnership Association Other

Name of Owning Entity: _____

Contact Person: _____ Title: _____

Street Address: _____

Town, State, Zip: _____ Phone Number: _____

Hours & Daily Operation Information

Establishment Operates Year-Round Establishment Operates Seasonally

Monday: _____ — _____ Friday: _____ — _____

Tuesday: _____ — _____ Saturday: _____ — _____

Wednesday: _____ — _____ Sunday: _____ — _____

Thursday: _____ — _____

Person Directly Responsible for Daily Operations: _____

Title: _____ Phone Number: _____

Certifications

Copies of All Certifications Listed Below Must Be Provided

Names of Certified Food Managers:

Allergen Awareness Certificate Holders:

Anti-Chock Certifications (25 Seats or More):

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, the Federal Food Code of 2013, 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 of 2013.

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.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____