

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

No. _____

Fee _____

**APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT
AND CHANGE OF OWNERSHIP**

Date _____

Name of Establishment _____

Business Address _____

Mailing Address (if different) _____

Name and Title of Applicant _____

Address of Applicant _____

Name of Owner (if different from applicant) _____

If corporation or partnership, give name, title & home address of officers or partners

<u>Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

State of
Incorporation _____

Name and Address
of Local Agent _____

Emergency Response Person: Name _____ Home Phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be paid</u>
Retail	_____	_____	_____
Food Service	_____	_____	_____
Caterer	_____	_____	_____
Mobile Food*	_____	_____	_____
Residential	_____	_____	_____
		Total	_____

Dates of Operation if not Annual: _____

Payment is due
With
Application

*Applications for mobile food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

Additional Information

Water Source _____ Sewage Disposal _____

Days and Hours of Operation _____

Page Two
Food Permit/Change

If Restaurant:

Number of Seats _____ Number of Non-Smoking seats _____

Person Trained in Anti-Choking Procedures (if 25 seats or more). Yes _____ No _____

Signature of Applicant Date _____

Pursuant to M.G.L. 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 all state taxes required under law.

Social Security Number or Federal Identification Number

Signature of Individual or Corporate Name

By _____
Corporate Officer (if applicable)

FOR BOARD OF HEALTH USE ONLY

Date Received	Date Inspected	Approved By	Permit Issued #
_____	_____	_____	_____

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1. In response to many questions regarding the Choke Savers class registration. Franklin Life savers ((508) 528-8389) will be offering courses for Franklin restaurant personnel on these two dates: _____ and _____. At: _____
Please send as many people as possible. Remember Choke saver certification is required in the State of Massachusetts.

The cost is \$5.00/ person.

2. Food Safety Manager Certification is a requirement beginning in the year 2000. All restaurant managers or managers of businesses preparing "potentially hazardous foods" need this certification. Some contact numbers are: Servesafe Courses offered by:

Rita Olson U-Mass Dept. of Nutrition
Amherst, MA (413) 545-0552.

ESI QUAL International
Stoughton, MA (781) 344-6344

3. The State recently adopted the Federal Food Code which has more extensive regulations for the food industry. Food establishments should purchase a copy of this code along with the State Food Code 105 CMR 590.00 to keep up with the new changes. State House Book store # (617) 727-2834 and Federal Food Code (703) 605-6000.

Note: The American Red Cross (1-800-564-1234) and Fire Department may offer Choke Saver courses (to be announced). Please use the attached form and mail this into the Franklin Board of Health Office to register for the Lifesaver course.

Sincerely,

David E. McKearney, R.S., Health Agent/Director
Franklin Board of Health

Registration form: please mail to Board of Health Office one month before the class dates.

Choke Savers Class

At: _____

Name of Establishment: _____

Date attending: _____

Persons Attending: _____

\$5.00 checks to be made out to Franklin Life Savers