



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE BOARD OF HEALTH

Town of Arlington

27 Maple Street
Arlington, Massachusetts 02476

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Application for Permit to Operate a Food Establishment

Name of Establishment: _____

Tel #: _____ Fax #: _____ Email: _____

Language (s) spoken in Establishment: _____

Establishment Address: _____

Mailing Address (If Different): _____

Name and Title of Applicant: _____

Address of Applicant: _____

Name and Address of Owner: _____
(If Different From Applicant)

Emergency Response Person: _____ Phone #: _____

Partner or Corporate Name (List Partners Below):

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

<u>Type of Establishment</u>	<u>Fee</u>	<u>Amount Due</u>
Category Risk Level 1	\$85.00	_____
Category Risk Level 2	\$170.00	_____
Category Risk Level 3	\$255.00	_____
Category Risk Level 4	\$340.00	_____

Number of Seats: _____ Number of floors on which operations are conducted _____

Name of Person (s) Trained in Anti-choking Procedures (25 or more seats): _____

(Attach copy of certificates)

Hours of Operation:

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

Type of Service: (Circle all that apply) *Sit Down Meals* *Take out* *Caterer* *Mobile Vendor*

Other (specify) _____

Name(s) of Certified Food Manager(s) (attach copy of certificate): _____

Provide name of food supplier (s): _____

Number of food deliveries per week: _____

Please circle the answer to the following questions and fill in necessary information:

Does the establishment have a 3-bay sink? YES NO

Does the establishment have a 2-bay sink? YES NO

Does the establishment have a food prep sink? YES NO

Does the establishment have a dishwasher? YES NO

If yes, circle type of sanitation: hot water OR Chemical

Does the establishment have a mop sink? YES NO location _____

Does the establishment have a separate hand sink? YES NO

Does the establishment have a grease trap? YES NO location _____

Does the establishment use a scale to weigh food? YES NO

Name of Garbage Removal Contractor: _____

Pick-up day(s): _____

Signature of Applicant: _____ **Date:** _____