



Town of Blackstone
 Chairman
Board of Health
 15 St. Paul Street
 Blackstone, MA 01504
 508.883.6335

Josh J. Ryan,

508.876.5130
 Fax:

APPLICATION FOR FOOD ESTABLISHMENT PERMIT
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

ESTABLISHMENT NAME

Please keep this page with your completed application (Pages 2 through 4):

IMPORTANT:
 When filling out
 Forms on the
 computer, use
 TAB key to move
 to next line – **DO**
NOT USE the
 ENTER key.



- Sections 1 – 8 are Complete
- Copy of General Liability Insurance Certificates with the ***Blackstone Board of Health listed as the certificate holder***
- Copy of Workers' Compensation Insurance Certificate with the ***Blackstone Board of Health listed as the certificate holder***
- Workers' Compensation Insurance Affidavit
- Copies of All Certifications Listed (Section 6) are included with Application
- Non-Refundable Payment (Check made payable to the Town of Blackstone)

Applicants may either mail their information or apply in person at the Board of Health office.

Office hours are Mon/Wed 8:30 a.m. – 12:30 p.m., Tue 2:00 p.m. – 7:00 p.m, Thu 1:00 p.m. – 4:30 p.m., Fri 8:30 a.m. – 12:00 p.m.

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: YES NO

NOTES: _____

Signature of Board of Health Member/Agent

Date



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Chairman
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APPLICATION FOR FOOD ESTABLISHMENT PERMIT
(Must be submitted at least 30 Days prior to Opening)

FEE: \$

PERMIT #:

1. ESTABLISHMENT INFORMATION

Establishment Name

Owner/Applicant Name

Establishment's Physical Address

BLACKSTONE MA 01504
City/Town State Zip Code

Establishment's Mailing Address (If Different from Above)

City/Town State Zip Code

Establishment's Phone Number

2. OWNER INFORMATION

OWNING ENTITY IS A(N):

- Corporation Partnership Association Individual
Other Entity:

Name of Owning Entity

Name of Contact for Owning Entity

Contact's Address

City/Town State Zip Code

Contact's Phone Number

Contact's Email Address

PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATIONS

TITLE

PHONE

24-HOUR EMERGENCY PHONE NUMBER

3. TYPE OF FACILITY

- Food Service (0-75 Seats) \$100
Food Service (76+ Seats) \$200
Commercial Kitchen \$100
Non-Profit \$100
Retail Food Only \$75.00
House of Worship No Charge
School Kitchen No Charge

4. DAYS AND HOURS OF OPERATION

- Establishment Operates Year-Round
Establishment Operates Seasonally
MONDAY: to
TUESDAY: to
WEDNESDAY: to
THURSDAY: to

FRIDAY: _____ to _____

SATURDAY: _____ to _____

SUNDAY: _____ to _____

5. MAINTENANCE (Companies marked with ** must be valid and permitted in Blackstone)

Potable Water Source: Municipal Water On-Site Well*

*If On-Site Well, please give DEP Public Water Supply Number: _____

Chemical Sanitizer Used for Food Contact Surfaces: _____

Pest Control Company: _____

****Rubbish Removal Company:** _____

****Septic Waste Disposal Company:** _____

****Grease Trap Maintenance Pumping Company:** _____
(Grease Trap Maintenance Log Must Be Presented To Health Agent At Time Of Inspection)

6. CERTIFICATIONS (You must provide copies of all certifications below)

Name(s) of Certified Food Managers:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Allergen Awareness Training Certificate Holder(s):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Anti-Choking Certification Holder(s): *(Establishments with 25 seats or more)*

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. FOOD OPERATIONS (Check All That Apply)

*Definitions: **TCS** - Time/Temperature Controls Safety Food (Formerly called Potentially Hazardous Food - PHF)*

Non-TCS – No Time/Temperature Controls Safety Food (no time/temperature controls required)

RTE – Ready-To-Eat Foods (ex. sandwiches, salad, muffins which need no further processing)

- Sale of Commercially Pre-packaged Non-TCS
 - Sale of Commercially Pre-packaged TCS
 - Ice Manufactured and Packaged for Retail Sale
 - Juice Manufactured and Package for Retail Sales
 - Offers Raw or Under Cooked Food of Animal Origin
 - Use of Process Requiring a Variance and/or HACCP Plan
 - Retail Sale of Salvage, Out-of-Date or Reconditioned Food
 - Reheats commercially processed foods for service within 4 hours
 - Sale of Raw Animal Foods Intended to be prepared by Consumer
 - Customer self-service of Non-TCS and Non-Perishable Foods Only
 - Preparation of TCS for Hot and Cold Holding for Single Meal Service
 - Prepares Food/Single Meals for Catered Events or Institutional Food Service
 - Hot TCS Cooked and Cooled or Hot Held for More Than a Single Meal Service
 - Other (Describe): _____
- Preparation of Non-TCS
 - Delivery of Package TCS
 - Customer Self-Service
 - Vacuum Packaging/Cook Chill
 - Offers RTE TCS in Bulk Quantities

8. SIGNATORY SECTION

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 590.00 and all other applicable laws.

I, as applicant, have read, understand, and will abide the Blackstone Food Code Regulations that will be in effect as of January 01, 2024.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health. Also, as reminder to keep tags and labels with containers of live molluscan shellfish.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

Pursuant to M. G. L. Ch. 62C, sec. 49A, I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

PRINT NAME

SIGNATURE

DATE

Copies of [105 CMR 590.00](#) and the [Federal Food Code](#) can be obtained at the State House Book Store, Boston, MA (Telephone Number: (617) 727-2834):

**INCOMPLETE APPLICATIONS WILL BE RETURNED BACK TO THE APPLICANT,
RESULTING IN DELAY OF RECEIPT OF PERMIT.**

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.

EXPIRATION DATE: DECEMBER 31 OF EACH YEAR.

Please make checks payable to: **Town of Blackstone**

Mail Complete Application and Payment To: Blackstone Board of Health
15 St. Paul Street
Blackstone, MA 01504