



CITY OF EVERETT
INSPECTIONAL SERVICES DEPARTMENT

484 BROADWAY, ROOM 26
EVERETT, MASSACHUSETTS 02149-3694
OFFICE: 617-394-2220 FAX: 617-394-2433

JAMES SOPER, CBO
DIRECTOR INSPECTIONAL SERVICES
BUILDING COMMISSIONER
617-394-2224

FRANK NUZZO
DIRECTOR CODE ENFORCEMENT
617-394-2227

Food Establishment Permit Application

Date: _____

Name of Establishment: _____

Business Address: _____

Business # _____ Fax # _____ Cell # _____

E-mail (required): _____

Mailing Address (if different): _____

Mailing Address is at (check one) Business or Company/Corporate Office

Name & Title of Applicant: _____

Address of Applicant: _____

Name if Owner, President or CEO: _____

Business # _____ Fax # _____ Cell # _____

<u>Type of Permit</u>	<u>Fee</u>	<u>Amount Due</u>
Retail Food	\$150.00	_____
Food Service (<50 seats)	\$200.00	_____
Food Service (>50 seats)	\$300.00	_____
Food Service (Open Air)	\$200.00	_____
Food Service (Temporary – up to 10 days)	\$200.00	_____
Milk & Cream	\$75.00	_____
Frozen Dessert Machine	\$75.00	_____
Catering	\$100.00	_____
Mobile Food Vendor	\$250.00	_____
Residential Kitchen (Cottage Food Operation)	\$100.00	_____
Sushi	\$150.00	_____
Other/Misc (As assessed)	\$.00	_____

TOTAL DUE: (Check or Money Order Payable to "City of Everett") _____

Dates of Operation (if not annual): _____

Days & Hours of Operation: _____ Number of Seats: _____

If Retail Establishment, square-footage of establishment: _____

Persons trained in Anti-Choking Procedures? Yes No
(required if 25 seats or more per M.G.L. c. 94 § 305D)

Attach a copy of each certificate to this application

Describe your insect/rodent control program, including the name and address of exterminator and frequency of service:

Method and frequency of rubbish storage/removal: _____

Type of Food Sold:

Bulk Food	<input type="checkbox"/>	Consumed on Premises	<input type="checkbox"/>	Shellfish	<input type="checkbox"/>
Salad Bar	<input type="checkbox"/>	Prepackaged Foods	<input type="checkbox"/>	Take Out	<input type="checkbox"/>
Baked Goods	<input type="checkbox"/>	Milk & Cream	<input type="checkbox"/>		

Pursuant to M.G.L. Ch. 62C, § 49 A, I certify under the penalties of perjury that to the best of my knowledge and belief all State tax returns have been filed and all State taxes have been paid.

Social Security # or Federal ID #

Signature of Applicant or Corporate Name

Signature of Corporate Officer (if applicable)

Inspectional Services Department

In order to complete out records it is essential that you provide the following contact information. We MUST be able to contact you in case of an emergency. We DO NOT WANT a corporate address.

PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATION
(Owner, Person in Charge, Supervisor, Manager, etc.)

1. Name & Title: _____
2. Address: _____
3. Phone # _____ Fax # _____ Cell # _____
4. Emergency Telephone # _____
5. E-mail: _____

District or Regional Supervisor (if applicable)

1. Name & Title: _____
2. Address: _____

3. Phone # _____ Fax # _____ Cell # _____
4. E-mail: _____

CERTIFICATES REQUIRED

FOOD SERVICE:

Food Managers Certificate
Allergen Awareness Certificate
Anti Choke (CPR) 25 seats or above
food permit
Dumpster permit

Mobile Food Vendor:

Food Managers Certificate
Allergen Awareness Certificate
Base of operation (commissary)
& commissary rental agreement
Hawk & Peddlers
Truck registration
Menu
Fire Inspection Certificate

Temporary & Open Air permits:

Food Managers Certificate
Allergen Awareness Certificate
Anti Choke (CPR) 25 seats or above
Dumpster permit
Base of operations (commissary) food permit &
Commissary rental agreement

Ice cream truck:

Hawk & Peddlers
Truck Registration
Ice cream vendor permit

Retail Food:

Dumpster Permit.

Catering:

Base of operation food permit.