

Fee Paid: \_\_\_\_\_  
Permit Number \_\_\_\_\_  
Issue Date \_\_\_\_\_

*Application must be accompanied by the required fee.  
Check made be made payable to "Town of Sheffield".*

## Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2<sup>nd</sup> Floor / PO Box 325, Sheffield, MA 01257-0325  
413-229-7000 Ext 157 Fax: 413-229-7010 Email: [boh@sheffieldma.gov](mailto:boh@sheffieldma.gov)

### Annual Food Establishment License Application

(All permits expire December 31<sup>st</sup> of the year issued.)

Name of Establishment: \_\_\_\_\_  
Location: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Individual Owner, Corporate Officer or Responsible Person \_\_\_\_\_  
Person Certified in Safe Food Handling (**Must Attach Certification**) \_\_\_\_\_  
Retail Food (Square Footage of Food Section) \_\_\_\_\_ Food Service (Number of Seats) \_\_\_\_\_  
Days and Hours of Operation \_\_\_\_\_  Seasonal Dates \_\_\_\_\_  
Type of Food (**attach a menu**) \_\_\_\_\_ Worker's Compensation Insurance (Fill out Form) \_\_\_\_\_

#### **Potentially Hazardous Foods are: (Check all boxes that apply)**

Cooked-to-Order  Cooked in Advance  Held above 41 and below 140 degrees  Raw or undercooked animal foods need consumer disclosure on all menus.  Served to Highly Susceptible Population  Transported to another location.

**Check All That Apply:** (Fees are to be paid with Application; Please make check payable to: Town of Sheffield)

#### **Food Establishments (does not include food inspections @ \$35.00 twice per year):**

_____ Food Establishment (includes catering) or Food Processing Plant	Fee: \$50
_____ Caterer	Fee: \$50
_____ Special Event with Food Service * / Temporary Food Establishment *	Fee: \$25 per event
_____ Bakery	Fee: \$50
_____ Milk and Cream Store License (commercially pasteurized products)	Fee: \$25
_____ Mobile Food Operation	Fee: \$50
_____ Retail Residential Kitchen	Fee: \$50
_____ Bed and Breakfast Home or Establishment	Fee: \$50
_____ Farmer's Market (May-Oct; no on-site food preparation)	Fee: \$25

Total Fees Included: \_\_\_\_\_

**(\* Submittal of Special Event / Temporary Food Establishment Application also required)**

#### **Please apply 30 days in advance of opening a business requiring a License.**

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the Code and allow the Board of Health access to my establishment as specified under 8-402 of the Merged Food Code, 2011 Edition.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

(Revised 7/14)