

Application must be accompanied by the required fee(s) made payable to "Town of Sheffield".

Fee Paid: _____
Issue Date _____

Town of Sheffield Board of Health (Revised August 2023)

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257
413-229-7000 Ext 157 Fax: 413-229-7010 Email: townhall@sheffieldma.gov

Food Establishment License Application

(All permits expire December 31st of the year issued)

Name of Establishment: _____

Business Location: _____

Business Mailing Address: _____

Telephone #: _____ Email: _____

Individual Owner, Corporate Officer or Responsible Person: _____

Food Establishments Preparing Time/Temperature Control for Safety/Potentially Hazardous Foods (TCS/PHF):

- Person Certified in TSC/PHF and Allergen Awareness: **(Attach Certifications)**
- #Seats _____ * #of Chokesaver Certified Staff (Required if ≥ 25 seats)
- Menu: Please attach a copy to application

Retail Food Sales: (Square Footage of Retail Food Service Section) _____

All Applications Must Attach:

- Completed and signed Tax Affidavit and Worker's Compensation Insurance Affidavit (forms found at www.sheffieldma.gov, under BOH downloadable forms)
- Days and Hours of Operation

Incomplete applications will not be processed: For questions please call the BOH office contact listed above.

Food License Type: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Milk and Cream (Pasteurized) |
| <input type="checkbox"/> Bed and Breakfast Food Service | <input type="checkbox"/> Mobile Food Vendor (Select Board) |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Non-Profit Base Kitchen |
| <input type="checkbox"/> Farmers' Market (Out of Town Vendors) | <input type="checkbox"/> Non-Profit Temporary Food Service |
| <input type="checkbox"/> Frozen Dessert Production (Milk-Based) | <input type="checkbox"/> Residential Kitchen |
| <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Retail Food Only |
| <input type="checkbox"/> Full-Service Restaurant/Food Establishment | |

Fees: Fee Schedule on reverse side. The fee includes the **annual permit fee** plus **inspection fee**, as show in highlighted column of the Fee Schedule.

Total Fee(s) Included with completed application (Permit Fee + Inspection fee)= \$ _____

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 all codes and allow the Board of Health access to my establishment as specified under 8-402 of the Merged Food Code, 2013 Edition with 2015 Amendment, as adopted by 105 CMR 590.

Printed Name of Applicant: _____ Position: _____

Signature of Applicant: _____ Date: _____

Apply 30 days in advance of opening a business requiring a license.