



CITY OF NEWBURYPORT

HEALTH DEPARTMENT

LAURA VLASUK
DIRECTOR OF PUBLIC HEALTH

NEWBURYPORT CITY HALL
TEL: 978-465-4410

60 PLEASANT STREET

NEWBURYPORT, MA 01950
FAX: 978-465-9958

WWW.CITYOFNEWBURYPORT.COM

APPLICATION FOR A PERMIT TO OPERATE A BED & BREAKFAST

Permit Fee: \$50

Name of Establishment: _____

Address of Establishment: _____

Email Address: _____ Phone Number: _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (if different from Applicant): _____

Name & Title

Home Address

If Corporation or Partnership, give name, title and home address of officers or partners:

Name Title Home Address

Emergency Response Person: _____

Name

Cell or Home Phone Number

Number of Rooms for Let: _____

Number of Seats in Dining Room/Area _____

*Three or fewer rooms is permitted as a Bed & Breakfast House,
four or more is permitted as a Bed & Breakfast Establishment
in accordance with 105 CMR 590*

A list of all food items served must be submitted with this application.

Type of Breakfast Served (check one): ☐ Full Breakfast ☐ Continental Breakfast

105 CMR 590.002 Defines Continental Breakfast means a breakfast meal restricted to the following foods:

- (1) Beverages such as coffee, tea and fruit juices;
- (2) Pasteurized Grade A milk;
- (3) Fresh fruits;
- (4) Frozen and commercially processed fruits;
- (5) Baked goods, such as pastries, rolls, breads, and muffins which are non-potentially hazardous food;
- (6) Cereals;
- (7) Homemade or commercial jams, jellies, honey and maple syrup;
- (8) Pasteurized Grade A creams and butters, non-dairy creamers or similar products;
- (9) Commercially manufactured hard cheeses, commercially manufactured cream cheese and commercially manufactured yogurt.

105 CMR 590 Defines Full Breakfast as a breakfast meal including foods other than those listed in 105 CMR 590.002, definition of "continental breakfast" (above)

Note: ALL Bed & Breakfast Establishments, and any Bed & Breakfast Home that serves a Full Breakfast, must be permitted as a Food Establishment as well as a Bed & Breakfast.

Printed Name of Applicant

Signature of Applicant

Date