



CITY OF NEWBURYPORT

HEALTH DEPARTMENT

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FY2018

APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT, RETAIL SALES, CATERING, SALE OF MILK AND FROZEN DESSERT

☐ NEW PERMIT

☐ **SEASONAL VENDORS:** All Seasonal vendors must pass a pre-operational inspection by the Health Department prior to opening each season.

☐ PERMIT RENEWAL

Name of Establishment: _____

Address of Establishment: _____

Establishment Phone Number: _____

E-mail Address: _____

Name of Legal Owner (please print): _____

Owner's Address: _____

Owner's Telephone Number: _____

Permit Fees – Please check all that apply and enter totals

Total Amount

Routine Inspection Fee [☒] \$130 (Applies to all establishments) \$130

Food Service [☐] \$100.00 _____

Additional \$5 per seat: # of Seats: _____ x \$5.00 (\$450 max.) _____

Retail Food [☐] \$100 _____

Caterer [☐] \$100 _____

Residential Food [☐] \$100 _____

Milk & Ice Cream [☐] \$10 _____

Frozen Dessert [☐] \$10 _____

Seasonal Establishments [☐] \$100 _____

TOTAL DUE: \$ _____

Time of Operation (Days / Hours):

SUNDAY _____	THURSDAY _____
MONDAY _____	FRIDAY _____
TUESDAY _____	SATURDAY _____
WEDNESDAY _____	

Copies of the following documents are REQUIRED and must be included with your application

State and Federal Required Certifications:

- Current Food Protection Manager Certification
- Current Allergen Training Certification
- Current Anti-Choking Certification - Required only for establishments with over 24 seats
- Proof of Worker's Compensation Insurance and General Liability Insurance

On the lines below, indicate the name of the company with whom you are contracted for the following services: (Copies of contracts, while not required to be submitted with your application, must be kept in an easily accessible location at the food establishment and must be made available upon request by the City Food Inspector or City Health Director)

- Hauler of solid waste _____ Number of pick-ups per week: _____
 - If service is provided by G. Mello is it: ☐ City Pick Up ☐ Private Pay ☐ Both
- Hauler of recycling products _____ Number of pick-ups per week: _____
 - If service is provided by G. Mello is it: ☐ City Pick Up ☐ Private Pay ☐ Both
- Grease Trap Maintenance/Grease Hauler _____
 - Frequency of grease trap cleanings: ☐ Monthly ☐ Other _____
- Cooking Oil Hauler (if applicable) _____
- Pest Control Management _____
 - Frequency of pest control service: ☐ Monthly ☐ Other _____

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 have been notified by the Health Department that copies of 105 CMR 590.00 can be obtained online at mass.gov/eohhs/docs/dph/regs/105cmr590.pdf, the Federal Food Code can be obtained online at fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode and the Newburyport Regulation of Synthetic Marijuana and Similar Cannabimimetics is available online at www.cityofnewburyport.com and at the City Health Department.

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

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE