



Town of East Longmeadow

Food Service Permit Application

Date: _____

Establishment Name: _____

Establishment Address _____ Zip Code _____

Mailing Address _____

Business Phone Number: _____

Establishment number of seats _____ Water source _____ Water Disposal: _____

PERMITS AVAILABLE:

FOOD SERVICE ESTABLISHMENT:

_____ Food Service < 100 seats: \$60.00

_____ Food Service > 100 seats: \$100.00

Retail Food Service Establishment:

_____ Retail food service: \$75.00

_____ Supermarket: \$200.00

Bakery: _____ \$50.00

Milk and Cream: _____ \$5.00 (needed if milk is sold or served on property)

Frozen Dessert: _____ \$10.00 (for **SOFT SERV** ice cream/yogurt, Please provide written contract with testing company)

Catering: _____ \$50.00

ENCLOSED FEE TOTAL _____

****INCOMPLETE APPLICATIONS WILL BE RETURNED AND PERMIT WILL NOT BE SENT****

(OVER)

Name of Certified Food Manager _____

(Please provide copy of certificate with application)

Name of employee trained in Anti-Choking (if greater than 25 seats) _____

(Please provide copy of certification with application)

Name of employee certified in Allergen Awareness _____

(Please provide copy of certification)

Check all that apply:

- Sale of commercially pre-packaged non-PHF's
- Sale of commercially pre-packaged PHF's
- Customer self service of PHF's and non PHF's
- Preparation of only non PHF's
- PHF's cooked to order
- Preparation of PHF's for hot and cold holding
- Sale of raw animal foods intended to be prepared by customer
- Juice manufactured and produced for retail
- Retail sale of out-of-date food
- PHF's prepared for a highly susceptible population
- Use of a process that requires a HACCP plan
- Vacuum packaging/cook chill
- Offers raw or undercooked food of animal origin

Days and hours of operation:

Sunday: _____

Wednesday: _____

Monday: _____

Thursday: _____

Tuesday: _____

Friday: _____

Saturday: _____

Applicant Name and Title _____

Social Security number or Federal ID number _____

Applicant Signature _____

OwnersAddress _____

24 hour Emergency Phone number _____

Please send completed applications to: 60 Center Square East Longmeadow MA 01028

Date Received _____

Date Inspected _____

Date Approved _____

Inspector's Signature _____