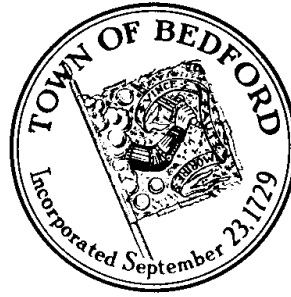


**TOWN OF BEDFORD**  
**BEDFORD, MASSACHUSETTS 01730**



**HEALTH AND HUMAN SERVICES**

Health Department  
 Town Center Building - 12 Mudge Way  
 Bedford, MA 01730-2144  
 Phone: 781-275-6507  
 Fax: 781-687-6157

Heidi Porter, MPH, REHS/RS, Health and Human Services Director

Katharine Dagle, REHS/RS, Assistant Health Director

**Food Establishment Permit Application - Renewal**

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Business Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

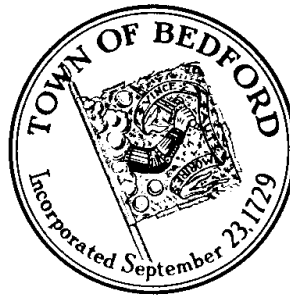
Applicant's Phone No.: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

Name of Owner, President or CEO: \_\_\_\_\_

Owner's Phone No. \_\_\_\_\_ Owner's Cell No.: \_\_\_\_\_

<b><u>Type of Permit (enter amount for each type that applies)</u></b>	<b><u>Fee</u></b>	<b><u>Amount Due</u></b>
Retail Food – up to 3500 square feet	\$150.00	_____
Retail Food – 3500+ square feet (supermarket)	\$400.00	_____
Food Service (up to 100 seats)	\$150.00	_____
Food Service (101-200 seats)	\$250.00	_____
Food Service (201-300 seats)	\$350.00	_____
Food Service (301-400 seats)	\$450.00	_____
Food Service (400+ seats)	\$550.00	_____
Caterer	\$75.00	_____
Cottage Food Operations (previously Residential Kitchen)	\$50.00	_____
Commercial Kitchen	\$50.00	_____
Church Kitchen	\$25.00	_____
Frozen Dessert Manufacturer	\$75.00	_____
Temporary Food Establishment – per event	\$25.00	_____
Function Hall	\$100.00	_____
Mobile Food Vendor	\$50.00	_____
Day Care	\$25.00	_____
<b>Late Fee (per Permit) – If submitted after deadline</b>	<b>\$50.00</b>	_____

**TOTAL PERMIT FEES DUE WITH APPLICATION:** \$ \_\_\_\_\_  
 (Check Payable to: Town of Bedford)



# TOWN OF BEDFORD

BEDFORD, MASSACHUSETTS 01730

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Dates of Operation (if not annual): \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_

If Food Service/Restaurant, number of Seats: \_\_\_\_\_

Persons Trained in Anti-Choking Procedures?  Yes  No  
(required if 25 Seats or more per M.G.L. c. 94 § 305D)

Square-footage of establishment: \_\_\_\_\_

I attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with the MA Food Code (105 CMR 590.000) and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of the MA Food Code, the 1999 Federal Food Code and the MA DPH Guidance for Emergency Action Planning for Retail Food Establishments.

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

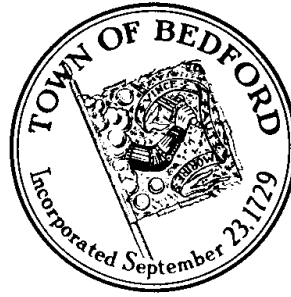
Pursuant to MGL Chapter 62C, § 49 A, I certify under the penalties of perjury that to the best of my knowledge and belief all State tax returns have been filed and all State taxes have been paid as required under law.

\_\_\_\_\_  
Social Security# or Federal ID#

\_\_\_\_\_  
Signature of Owner or Corporate Name

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

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**PERSON DIRECTLY RESPONSIBLE FOR ONSITE DAILY OPERATION**

**In order to complete our records, it is essential that you \*provide the following contact information.**

We **MUST** be able to contact you in case of an emergency. We **DO NOT WANT** a corporate address.

**Owner, Person in Charge, Supervisor, Manager, etc.**

\*Name & Title \_\_\_\_\_  
\*Address \_\_\_\_\_  
Business Phone No.: \_\_\_\_\_ \*Cell/Emergency/24 hr. Phone No.: \_\_\_\_\_  
Phone No. for Text Messaging: \_\_\_\_\_ Cell Phone Company: \_\_\_\_\_  
\*Business E-Mail: \_\_\_\_\_

**District or Regional Supervisor (if applicable)**

Name & Title \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone No.: \_\_\_\_\_ Cell/Emergency/24 hr. Phone No.: \_\_\_\_\_  
Business E-Mail: \_\_\_\_\_

**ADDITIONAL INFORMATION REQUIRED**

**Dumpster/Rubbish Removal Services**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Grease Trap Service Company and/or Removal Company**

Name of Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

