



City of Westfield, Massachusetts

Health Department

59 Court St, Westfield, MA 01085

Phone: (413) 572-6210 Fax: (413) 572-6279



Public Health
Prevent. Promote. Protect.

Westfield Health Department

APPLICATION FOR FOOD SERVICE ESTABLISHMENT

Name of Establishment: _____

Establishment Address: _____

Mailing Address (if different): _____

Establishment Phone #: _____ Establishment Email: _____

Owner Name: _____ Owner Phone #: _____

Owner Address: _____

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

Person Directly Responsible for Daily Operation (Owner, Person in Charge, Manager etc.):

Name: _____ Phone #: _____

District or Regional Manager (if applicable):

Name: _____ Phone #: _____

Days and Hours of Operation: _____

Base of Operations for Class 2 Establishments: _____

Food Establishment Class:

Class 1: \$150.00

- Food Service Establishment
- Food Preparation
- TCS handling/service

Class 2: \$60.00

- Mobile Food Establishment
- Catering License

Class 3: \$100.00

- Residential Kitchen
- Non-TCS Food Retail
- Limited Food Preparation

Class 4: \$30.00 (Submit to Health Dept.)

- Temporary Food Establishment
- Farmer's Market Stand (No Charge)

Provide a brief description of the establishments' scope of operations:

Definitions:

Limited Food Preparation - preparation of non-TCS food or preparation of food in conjunction with a single event lasting no more than 24 hours by organizations such as, but not limited to, private clubs, churches, and non-profit organizations.

TCS - a food that requires time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation.



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The employee with certification should be someone who is regularly on premises. When a Certified Food Safety Manager is not on premises a Person in Charge must be designated who has been trained on food safety by the Certified Food Safety Manager. It may be necessary to have multiple employees trained as Food Safety Managers.

Name of Certified Food Safety Manager(s): _____ Exp. _____
_____ Exp. _____
_____ Exp. _____

NOTE: Any false statement made by the Applicant knowing of its falsity or made without taking reasonable steps to determine its truth, or any incomplete or illegible information shall be cause or grounds for refusing to grant the license or permit, or for suspending, canceling or revoking a license or permit already properly granted.

Initial

- ___ I hereby certify that I have reviewed the following Westfield Board of Health Regulations: Anti-Choking Regulation, Pest Control Regulation, Polystyrene Regulation, FOG (Fats, Oils & Grease) Regulation, as well as 105 CMR 590.00 and the 2013 Federal Food Code. Copies of these regulations can be obtained by request in the Health Department or on our website.
- ___ I will notify the Health Department of and construction, renovation, or modification related to the food service operation prior to the beginning of the project. I am aware that the Board of Health may require a plan review depending on the scope of construction. I will notify the Board of Health to request inspection before reopening the establishment.
- ___ I affirm that the food establishment operation will comply with 105 CMR 590.00, FDA Food Code and all other applicable law.
- ___ I do hereby certify, under the pains and penalties or perjury that the information provided in this application is true and correct

Signature of person completing this application: _____

Print: _____

Signature of Owner or Corporate Name: _____

For Office Use Only:

Total Fee: _____ Approved: _____ Date: _____