



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Congratulations on your decision to open a food establishment!

First and foremost, please ensure you have first checked in with Town Clerk to obtain your business certificate in order to operate in the Town of Sturbridge.

Our responsibility here at the Board of Health is to work with the business community to achieve the highest level of health and safety for all Sturbridge residents and visitors. Towards that goal, we are a resource you can use to ensure that your new food establishment operates and complies within the requirements of the State Sanitary Code 105 CMR 590.00.

Our Plan Review Process will assist you in meeting the design requirements within the Federal Food Code, while our inspectors will provide on-site educational support to help you meet the minimum requirements for health and safety conditions. To get started with the plan review process, please submit the following:

- Food Permit Application (page 2-4)
- Food Establishment Plan Review (pages 5-6)
- a copy of the proposed menu
- a copy of the floor plan
- copies of all applicable certificates (Food Protection Manager/ Allergen/Choke Saver)
- all equipment specification sheets
- the associated fees for both the Food Permit Application and the Food Establishment Plan Review (listed on page 4).

As you start your planning process, please review State Sanitary Code 105 CMR 590.00, Minimum Sanitation Standards for Food Establishments. Also, the Merged Food Code can be viewed on the Massachusetts Environmental Health Association (MEHA) website. It is very important that you familiarize yourself with this information before you begin operating.

Once you have submitted all necessary paperwork and any construction work is complete and signed off by the Building Department, we will schedule your pre-operational inspection. A checklist for this is on the last page.

Completed applications can be brought to our office or you can email it in to the contact below. If you have questions or require any clarification, please contact our office.

Sincerely,

The Sturbridge Board of Health
bohadmin@sturbridge.gov
508-347-2504



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Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date or renewal. All New businesses and/or Change of Use requires a plan submittal pursuant to 105 CMR 590.011 and Federal Food Code 8-201)

1) Establishment Name:										
2) Establishment Address:										
3) Establishment Mailing Address (if different):										
4) Establishment Telephone No:	FAX:									
5) Applicant Name & Title:	EMAIL:									
6) Applicant Address:										
7) Applicant Telephone No:	24 Hour Emergency No:									
8) Owner Name & Title (if different from applicant):										
9) Owner Address (if different from applicant):										
10) Establishment Owned By: <input type="radio"/> An association <input type="radio"/> A corporation <input type="radio"/> An individual <input type="radio"/> A partnership <input type="radio"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table><thead><tr><th><u>Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr></tbody></table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____			_____		
<u>Name</u>	<u>Title</u>	<u>Home Address</u>								

12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)										
Name & Title:										
Address:										
Telephone No:	Fax:									
Emergency Telephone No:	Email:									
13) District Or Regional Supervisor (if applicable)										
Name & Title:										
Address:										
Telephone No:	Fax:									



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Food Establishment Information

14) Water Source (town or private): DEP Public Water Supply No: (if applicable)		15) Sewage disposal (town or private):	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person In Charge Certified in Food Protection Management:			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="radio"/> Yes <input type="radio"/> No 19a) Allergen Training Yes/No Attach Cert			
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Food Service – (Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (Meals/Day) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____		Other (Describe): Grease traps (circle one or both): Under sink Outside tank # _____ gallon capacity # _____ gallon capacity NONE	
23) Food Operations: (check all that apply):		DEFINITIONS PHF – potentially hazardous food(time/temperature controls required) Non-PHF – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	
		<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	
		Other:	



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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 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

24) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

FOOD ESTABLISHMENT	FEE SCHEDULE
One-Time Plan Review Fee	Market Price – Consult Health Dept.
Annual Permitting Fees	
Food Establishment	\$250
Additional Fee for Restaurant with a Bar	+\$100
Retail: 1 – 1000 Sq. Ft.	\$250
Retail: 1001 – 5000 Sq. Ft.	\$300
Retail: 5001+ Sq. Ft.	\$600
Caterer	\$50
Frozen Dessert	\$50
Residential: Kitchen	\$125
Hotel/Motel - Continental Breakfast	\$100

TOTAL FEES DUE: _____



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FOOD ESTABLISHMENT PLAN (Contact Health Dept. for Market Price Fee Information)

Date: _____

1. Name of Applicant _____

2. Mailing Address _____

3. Name of Business _____

4. Business Address _____

5. Type of Business: () caterer () food service () retail food
() residential kitchen () mobile food

6. BUILDING CONSTRUCTION (floor plan & equipment schedule is to be submitted)

a. Materials used in floors _____

b. Walls _____

c. Ceilings _____

d. Number of toilet rooms _____

e. How will toilet rooms be ventilated _____

f. Type of dishwasher (high or low temp) _____

g. Type of sanitizer used _____

h. Number and type of sinks: (minimum required are one three bay sink, one hand sink in all food prep areas, one mop sink, and a hand sink in each bathroom)

i. Number and type of grease trap(s) _____

j. Capacity of Hot water heater and type _____

k. Water Source _____

l. Public Water Supply Number if applicable _____

m. Type of Sewage Disposal _____

n. Disposal of Garbage and Rubbish _____

o. Pest control program company name and address _____



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p. Source of Supplies:

Bakery Goods _____

Dairy Products _____

Meats _____

Poultry _____

Seafood _____

Ice _____

Other _____

Emergency contact Person: _____

Telephone Number: _____

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Signature of Applicant _____

Title _____ Date _____



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Dear food establishment owner,

Please find below the list of things you should have for the pre-operational inspection. This can be scheduled once construction has been completed and has been signed off by the Building Department. No food product should be on site at the time of the pre-operational inspection.

1. All certificates have to be posted
 - a. Food Protection Manager Certificates
 - b. Anti-Choke/AED/CPR certificates (If 25 seats or more)
 - c. Allergen Certificates (service and employee area)
 - d. Food advisory should be printed on menus and on menu boards (if any)
2. All refrigerator units should have secondary thermometers.
3. All food containers should be properly stored and labelled.
4. Probe thermometers and gloves available on site.
5. Sanitizer at appropriate concentration in 2 or 3 bay sink (or bucket).
6. Appropriate test strips available on site- for sanitizer and for dishwasher.
7. Employee hand washing signage with soap and paper towels.
8. Bathroom/hand washing signage.
9. Have your HACCP plan on site. (if applicable)
10. Grease trap pumping schedule for both interior and exterior, with log posted.
11. Pest control contract and operations schedule.
12. Dumpster /trash area is clean from miscellaneous items and/or construction debris.
13. Employee sick and communicable disease policy on site.
14. Log books for sanitizer, cleaning, food temps, refrigerator temps, etc.
15. All food equipment maintained and shown to be functioning properly.

Compliance with the state sanitary code is not limited to only the items identified above. You may have to refer to Chapter Ten of the State Sanitary Code and 1999 FDA Food Code to be in full compliance. The Merged Food Code is a resource you should familiarize yourself with, it can be viewed here:

<http://sphweb.bumc.bu.edu/otlt/lphi/maphitfcp/Merged%20Food%20Code%202010.pdf>

Please let us know if you have any questions. Best wishes on your new business!

The Sturbridge Board of Health