

TOWN OF BROOKLINE

DEPARTMENT OF PUBLIC HEALTH

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Office Use Only:

Date Recv'd: _____
Amount Paid: _____
San Appr: _____
Chief Appr: _____
Check#: _____
Permit#: _____
Risk Level _____

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Assistant Director of Health & Human Services
Chief of Environmental Health

APPLICATION FOR PERMIT/QUESTIONNAIRE

(PLEASE PRINT OR TYPE)

Check One: New _____ Renewal _____ **Renovations/Menu/Name Change**

Name of Establishment: _____ Phone: _____

Location: _____

Name of Firm: _____ Phone: _____

Address of Firm: _____

Operator Name + mailing addresses: _____

Company e-mail

I. Type of Business: Corporation: _____ Partnership: _____ Sole owner: _____

II. Type of Establishment: (Check all that apply)

Food Service	Catering	Residential Kitchen
- (Any food prep) _____	Bed and Brkfst _____	Temporary Food Service _____
Retail		
- (Packaged foods) _____	Bakery _____	Mobile Food Establishment _____
Limited Retail	Daycare _____	Common Victualler License _____
- (Chips/candy only) _____	Nursing Home _____	Food Vendor Service _____
School Food Service _____	Recreational Marijuana _____	

Corporate Officers _____ Telephone # _____

President: _____

Treasurer: _____

Clerk: _____

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Worker Compensation Coverage Requirement (establishments not required to comply with the coverage requirements must submit copies of the Industrial Accidents affidavit form with this application). Yes: ___ No: ___

PLEASE SIGN BELOW

I, the undersigned certify under the penalties of perjury that the applicant has filed all state tax returns and paid all state taxes as required by law, (MGL Chap62C s 49A).

Date of Application

Signature

Title

III. Days and Hours of operation: _____

IV. Seating Capacity: _____ Outdoor Seating: _____ V. Size of Establish. (Sq. Footage): _____

V. Names and positions of Employees trained and certified in Choke-Saving technique and dates of Certification as on certificate: (required 25 seats or more)

Certification granted by (attach copies of certification) _____
(If these employees are currently certified by the American Red Cross or other organization, copies must be attached.)

VI. Names of manager/supervisor certified in food safety: _____
Certification granted by (attach copies of certification) _____

VII. Names of manager/supervisor certified in allergen awareness training: _____
Certification granted by (attach copies of certification) _____

VIII. Name and address of Pest Control Company: _____
Frequency of Service: _____

IX. Rubbish Removal Co. _____
Frequency of Removal: _____

X. Type of Food Sold/Or Produced, Approved Waivers - Variances: (check all that apply)

Bulk Food _____ Shell Fish _____ Salad Bar _____ Tobacco Sales _____
Consumed on Premises _____ Take-out _____ Pre-Packaged _____ Baked Goods _____
Reduced Oxygen Packaging/Sous Vide/vacuum packaging _____ Sushi _____ (Requires HACCP Plan)
Frozen Dessert/yogurt/custard (from machine) _____ Dogs on Patio: _____

Time as a Public Health Control Measure (Approved to keep potentially hazardous foods at room temperature)
(Y/N): _____ Approved foods: Pizza _____ Pastry _____ Other _____

Frozen Dessert Testing Lab: _____

Sushi Rice Testing Lab: _____

Approved to have non-screened open windows (Y/N): _____

Installed Odor Control System (to control cooking odors) (Y/N): _____

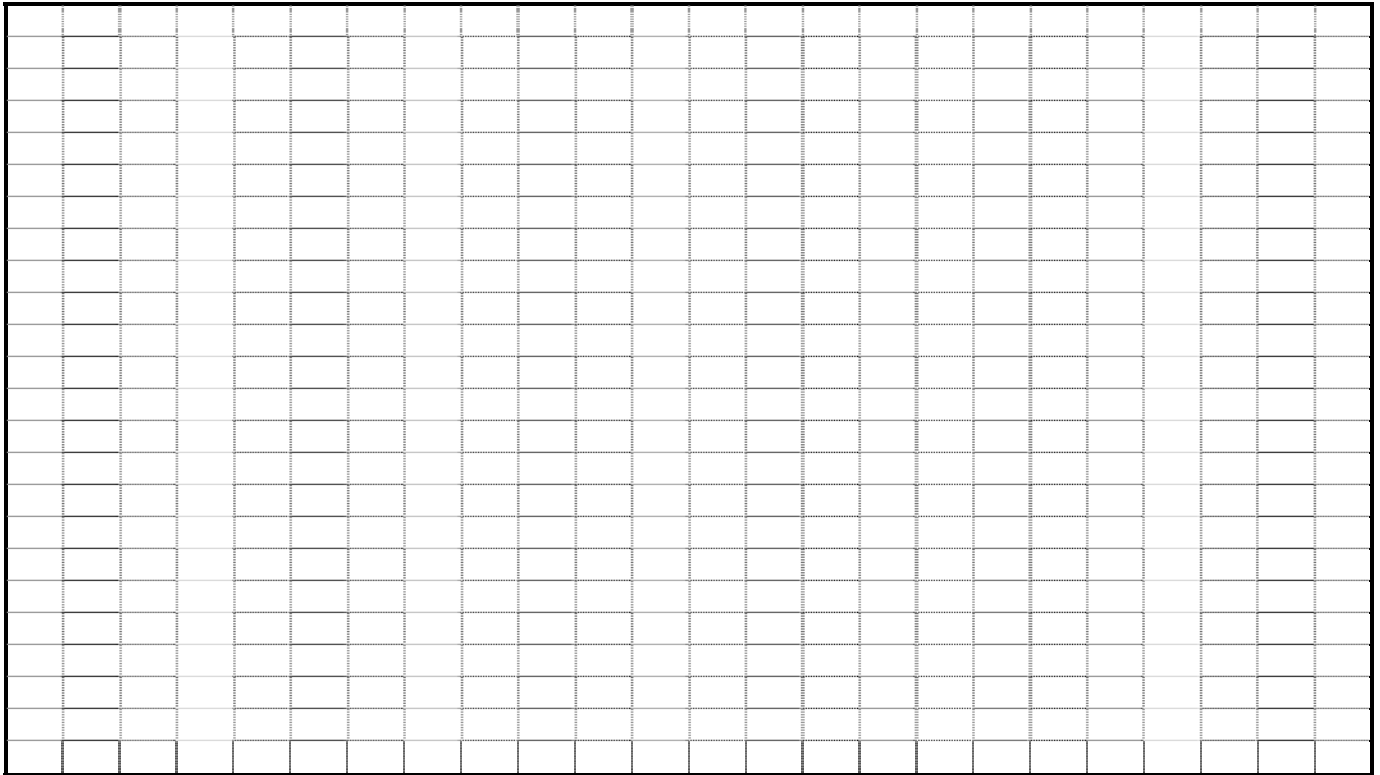
Dogs Allowed on exterior Patio: (Y/N) _____

XI. Menu: (New Applications Only) Attach a copy of your Menu. List menu items below if current menu not available. Menu items must comply with Town of Brookline Article 8.28 Restriction on Use of Artificial Trans Fat, and display Consumer Advisory to inform consumers of risk of eating raw or undercooked foods. **You must also include Allergy Advisory Statement**

XII. Equipment: (New Applications Only) Submit Equipment Schedule and Specification Sheets. If not available, list all new and/or existing equipment in below list. **All equipment must be commercial and have NSF, UL or other approved certification.**

1 _____	2 _____	3 _____	4 _____
5 _____	6 _____	7 _____	8 _____
9 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

XIII. Floor Plan: (New Applications Only) Provide a detailed floor plan indicating where above equipment is located. If professional drawings not available, sketch floor plan below using above numbers as a key for equipment.



Required Attachments:

- Equipment Specification Sheets**
- Floor Plan**
- Certified Food Protection Manager** (Serve Safe or equivalent, where required)
- Choke Saver Certificates** (required for 25 seats or more)
- HACCP Plans** (For Sushi Rice, Vacuum Packaging, etc.)