



TOWN OF UXBRIDGE

Board of Health
21 South Main Street
Uxbridge, Massachusetts 01569
Telephone: (508) 278-8600 Ext.8
boh@uxbridge-ma.gov

Please submit the following if you are applying for an annual food establishment permit from the Uxbridge Board of Health. If you have any questions or are unsure about a requirement, please contact the office.

- Completed application for a permit to operate a food establishment.
- Attach all required certificates (food managers certificate, allergen awareness and anti-choke)
- Attach copy of ACORD insurance certificate with general liability and workers' compensation listing the Uxbridge Board of Health, 21 South Main Street, Uxbridge, MA 01569 as a certificate holder
- Workers' Compensation Insurance Affidavit: General Business
- Permit fee. Checks are to be made payable to the Town of Uxbridge.
- If paid after January 1st there is a \$50.00 late fee.

Incomplete applications will be returned, resulting in a delay in permit approval. Food permits are not transferable for any reason. Expiration date is **December 31st** of each year.



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Application for a permit to operate a food establishment

Food establishment information – The establishment name **MUST** be the same name listed on your Common Victualler (CV) License

Name of food establishment

Address of food establishment

Mailing address of food establishment – for general correspondence, permit renewal notices, etc.

Food establishment phone number

Establishment email address

Number of seats indoor

Number of seats outdoor

Owner information – information listed below must be the Legal Owner of the food establishment

Owning entity is a(n): Corporation Partnership Association Individual Other entity

(If corporation, association, or partnership, attach a list of names, addresses and phone numbers of the officers.)

Name of owning entity

Contact Person

Title

Address

Email

Phone Number

Name of person directly responsible for daily operations at this food establishment:

Name

Title

Phone Number

Email

Immediate Supervisor of Person noted above (such as District Manager or Regional Supervisor):

Name

Title

Phone Number

Email

24-hour contact information

Name _____

Title _____

Phone Number _____

Inspections & complaints – responsible party – This person will be the designated person responsible for receiving and addressing inspection reports and complaint concerns

Name _____

Title _____

Phone Number _____

Email _____

Required Certifications – You must provide copies of all certifications listed below

Name (s) of Certified Food Managers:

Allergen Awareness Training Certification Holder (s):

The person certified in Allergen Awareness must also possess a food manager certification in accordance with 105 CMR 590.011 (C) (3) (a)

Anti-Choking Certification (s) (MGL CH 94§ 305D) (Establishments with 25 plus seats)

Hours of Operation

Establishment operates year-round

Establishment is seasonal _____ to _____

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

Type of Facility – Permit Fee – Check all that apply to your establishment

Bed and Breakfast Establishment	\$50.00	Catering	\$100.00
Food Pantry	No Fee	Food Service with 0 – 50 seats	\$175.00
Food Service with 51 – 100 seats	\$225.00	Food Service with 100 or more seats	\$325.00
Food Service with Buffet	Add \$50.00	Food Service with Salad Bar	Add \$50.00
Food Storage Warehouse	\$400.00	Frozen Dessert Machine	\$65.00
Function Hall	\$125.00	House of Worship	No Fee
Limited Retail	\$125.00	Non-Profit Organization (No TTCs)	\$25.00
Retail Establishment < 5,000 sq. ft.	\$250.00	Retail Establishment > 5,000 sq. ft.	\$500.00
Sushi Bars	\$25.00		
Total Permit Fee			\$

General Maintenance Information

Potable Water Source Municipal Water On-Site Well
 (if on-site well please give DEP public water supply number) _____

Sewerage Disposal Municipal On-Site Sewage Disposal System
 (if on-site sewage disposal system list septic hauler) _____

Chemical Sanitizer Used _____

Pest Control Company _____

Trash/Recycling Disposal Company _____
 (Must be licensed by the Uxbridge Board of Health)

Grease Trap Maintenance Pumping Company _____
 (Grease trap maintenance log to be presented to health agent at time of inspection)

Is your kitchen used as a commissary for another entity? No Yes
 If yes, name of the entity _____

Specialized Processes (if applicable)

- My food operation uses time as a public health control (TPHC) as specified under 3-501.19 in the 2013 Food Cod (Example: storing TCS* food at room temperature for a period of time. To use TPHC, the Uxbridge Board of Health must review and approve your plan PRIOR to implementation)
- My food operation uses special process(es) (check all that apply)
 - Use of additives to render a food non-TCS* (i.e., sushi rice)
 - Reduced Oxygen Packaging (ROP)/vacuum packing
 - Cook-Chill /Sous Vide
 - Curing and smoking foods for preservation
 - Live molluscan shellfish tank
 - Fermentation or sprouted seeds

*TCS – means Time Temperature Control for Safety Food – Foods that require refrigeration for safety

Signatory Page

- ✓ 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, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints, and otherwise protecting public health.
- ✓ I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000, the Merged Food Code and the Federal Food Code. (<https://www.mass.gov/lists/retail-food>)
- ✓ I will notify the Board of Health of any changes regarding equipment, facilities, management, and menu.

Pursuant to MGL Chapter 62c, § 49A. I certify under penalty of perjury that I, to the best of my knowledge, have filed all state taxes returns and paid state and local taxes required under law.

Print Name

*Signature

**Social Security Number (Voluntary) or Federal Identification Number

This license will not be issued unless this certification is signed by the applicant. Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquent will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C.62C.s49A.