Town of Dennis
Food Establishment License Application
(Applications must be submitted at least 30 days before the planned opening date)
Rev 12.2018

1. **Establishment Name:**

2. **Establishment Address:**

3. **Establishment Mailing Address** *(if different)*

4. **Establishment Telephone #:**

5. **Applicant Name & Title:**

6. **Applicant Address:**

7. **Applicant Telephone #:**   **24 Hour Emergency #:**

8. **Owner Name & Title** *(if different from applicant):*

9. **Owner Address** *(if different from applicant):*

10. **Establishment Owned By:**	11. **If a corporation or partnership, give name, title, and home address of officers or partner.**
☐ **An Association** ☐ **A Corporation** ☐ **An Individual** ☐ **A Partnership** ☐ **Other** ☐ **Legal Entity**_____	**Name** **Title** **Home Address** _____ _____ _____

12. **Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)**

Name & Title:

Address:

Telephone #:   **Fax #:**

E-mail:

Emergency Telephone #:

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

Name & Title:

Address:

**Reverse side must be completed and signed before return to Health Department –
no permit will be issued unless complete**

Food Establishment Information

14. Water Source: DEP Public Water Supply #: (if applicable)	15. Sewage Disposal:
16. Days and Hours of Operation	17. No. of Food Employees:

18. Name of Person in Charge Certified in Food Protection Management:_____
Required as of 10/1/2001 in accordance with 15 CMR 590.003(A) – Please attach copy of Certificate

19. Person Trained in Anti-Choking Procedures (if 25 seats or more): ☐ yes ☐ no

20. Location: (check one)	22. Establishment Type (check all that apply)	
☐ **Permanent Structure** ☐ **Mobile**	☐ **Retail** (_____Sq. ft) ☐ **Food Service –** (____seats) ☐ **Food Service – Takeout** ☐ **Food Service – Institution** (_____meals per day) **Other (Describe)**	☐ **Caterer** ☐ **Food Delivery** ☐ **Residential Kitchen for Retail Sale** ☐ **Residential Kitchen for Bed & Breakfast Home** ☐ **Residential Kitchen for Bed & Breakfast Estab.** ☐ **Frozen Dessert Manufacturer**

21. Length of Permit: (*check one*)

☐ **Annual** ☐ **Seasonal/Dates:**_____ ☐ **Temporary/Dates/Time:**_____

23. Food Operations: (check all that apply):	**Definitions:** **TCS food**– Time/temperature control for safety food - food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation; **Non-TCS food** – non potentially hazardous food (no time/temperature controls); **RTE** – ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
☐ **Sale of Commercially Pre-Packaged Non TCS food**	☐ **TCS food Cooked to Order**	☐ **Hot TCS food Cooked and Cooled or Hot Held for more than a Single Meal Services.**
☐ **Sale of Commercially Packaged TCS food**	☐ **Preparation of TCS food for Hot and Cold Holding for Single Meal Service**	☐ **TCS and RTE foods Prepared for Highly Susceptible Population Facility**
☐ **Delivery of Packaged TCSs**	☐ **Sale of Raw Animal Foods Intended to be Prepared by Consumer**	☐ **Vacuum Packaging/Cook Chill**
☐ **Reheating of Commercially Processed Foods For Service Within 4 Hours**	☐ **Customer Self-Service**	☐ **Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)**
☐ **Customer Self-Service of Non-TCS foods and Non-Perishable Foods Only.**	☐ **Ice Manufacturer and Packaged for Retail Sale**	☐ **Offers Raw or Uncooked Food of Animal Origin**
☐ **Preparation of Non TCS food**	☐ **Juice Manufactured and Packaged for Retail Sale**	☐ **Prepares Food/Single Meals for Catered Events or Institutional Food Service**
☐ **Retail Sale of Salvage, Out-of-Date or Reconditioned Food**	☐ **Offers RTE TCS food in Bulk Quantities**	☐ **Prepares Food/Single Meals for Catered Events or Institutional Food Service**

Other (describe):

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.

25. Social Security Number or Federal ID: _____

26. Signature of Individual or Corporate Name: _____