

Permit Number \_\_\_\_\_  
 Issue Date \_\_\_\_\_

Fee Paid \_\_\_\_\_  
 GBBOH Authorization \_\_\_\_\_

# Great Barrington Board of Health

334 Main Street, Great Barrington, MA 01230  
 413.528.8310 fax-528.2290  
 (Revised 11/26/03)

## Annual Food Establishment Application

(All permits expire December 31)

Name of Establishment \_\_\_\_\_  
 Establishment Location \_\_\_\_\_  
 Mailing Address for Establishment \_\_\_\_\_  
 Establishment Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Individual Owner, Corporate Officer or Responsible Person \_\_\_\_\_  
 Person Certified in Safe Food Handling (**Must Attach Certification**) \_\_\_\_\_  
 Retail Food (Square Footage of Food Section) \_\_\_\_\_ Food Service (Number of Seats) \_\_\_\_\_  
 Days and Hours of Operation \_\_\_\_\_  Seasonal Dates \_\_\_\_\_  
 Type of Food (**Must Attach a menu**) \_\_\_\_\_ Workmens' Compensation Insurance (Fill in Form) \_\_\_\_\_

Potentially Hazardous Foods are: (Check all that apply)

- Cooked-to-Order
- Cooked in Advance
- Held above 41 and below 140 degrees
- Raw or undercooked Animal Foods need consumer disclosure on all menus.
- Served to Highly Susceptible Population
- Transported to another location.

*Establishments with more than 25 seats must have someone certified in anti-choking procedures.*

*Establishments that wish to sell or serve food off-premises must have a Caterer's or Special Event Permit.*

**Check All That Apply:** (Fees are to be paid with Application)

Retail Food

_____ Retail Food Small (under 100 square feet, non perishable foods only)	Fee \$	25.
_____ Retail Food (\$50 + \$5 per 100 square feet) Maximum \$750		
[Total square feet (_____) ÷ 100 x \$5 + \$50 = \$ _____]	Fee \$	_____
_____ Retail Milk and Cream	Fee \$	10.
_____ Wholesale Establishment including wholesale and retail Bakery	Fee \$	50
_____ Retail Residential Kitchen	Fee \$	50

Food Service

_____ Food Service Small (under 15 seats) or Convenience Foods or Small Nonprofit	Fee \$	50
_____ Food Service Medium (15 to 50 seats)	Fee \$	100
_____ Food Service Large (50 to 100 seats)	Fee \$	125
_____ Food Service Banquet (100+ seats add \$30 for every 25 seats rounded up. Max. \$500)	Fee \$	_____
_____ Take Out Food Service (Add to regular food service fee)	Fee \$	25.
_____ Caterer/Mobile Food Establishment (Food served away from main kitchen)	Fee \$	75
_____ Small Not-For-Profit Events (maximum 4 per year)	Fee \$	25
_____ Homemade Frozen Dessert	Fee \$	10
_____ Other _____	Fee \$	_____

Total Fees Included \_\_\_\_\_

**Must apply 30 days in advance of opening.**

The Code of the Town of Great Barrington, Chapter 49, Article I -Licenses, requires you to certify under the penalties of perjury that you, to the best of your knowledge and belief, have paid all State and Local taxes and fees required under law. False statements shall be considered cause for denial or revocation any permits or licenses. I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I have complied with the Code of the Town of Great Barrington and will allow the Board of Health access to my establishment as specified under 8-402 of the Food Code.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_