



TOWN OF WEST SPRINGFIELD

HEALTH DEPARTMENT

26 Central Street, Suite 18
West Springfield, MA 01089-2754

TEL (413) 263-3206

www.townofwestspringfield.org

FAX (413) 737-1583

Establishment demographics: _____ Date of Application: _____

Name (as it appears on the sign) _____

Physical Address

Mailing Address (if different)

Establishment's Telephone number _____

Establishment's email address _____

Number of seats _____ Square footage of establishment _____

Days and Hours of Operation: _____

Owner name: _____
Owner type: association ___ corporation ___ individual ___ partnership ___ other legal entity ___

Owner(s): name, title, address of each member of the legal ownership entity.

Owner's agent: _____

Management: 1) Name _____ Title _____
address _____
Phone number _____ Email address _____
2) Person 1's immediate supervisor: Name _____
Title _____ Phone number _____
Address _____
Email address _____

Certified food manager(s):
1) Name _____ Certificate's expiration date _____
2) Name _____ Certificate's expiration date _____

Allergen Awareness Certification:
1) Name _____ Certificate's expiration date _____
2) Name _____ Certificate's expiration date _____

Send copy of menu with application

Establishment type: circle one1) Mobile or Stationary circle one2) Temporary or Permanent ;
Choose one of the following

.....3) Prepares, offers for sale or serves TCS* food: choose subtype

.... a) only to order per customer request or

.... b) in advance based on projected customer demand (discards foods not sold) or

.... c) using time as a public health control as specified under section 3-501.19;

.....4) Prepares TCS food in advance using 2 or more steps such as cooking, cooling, reheating, hot or cold holding, freezing or thawing.;

..... 5) Prepares foods for delivery and consumption OFF the premises where prepared;

..... 6) Serves prepared foods to highly susceptible population;

..... 7) Prepares ONLY foods that are not TCS;

..... 8) Does not prepare but offers for sale only prepackaged food that is not TCS.

Establishment Classification:

___ **Food Service** – handles non packaged foods - (sit down or take out facility; sandwich shop in a retail market; convenience store; coffee shop; pastry shop; institutional kitchen) large (>2,000 sq ft) **\$250** small (2,000 sq ft or less) **\$175**

___ **Retail Food** – handles prepackaged foods – (retail grocery; convenience store; seafood market; meat market; bakery; bulk deli) large (>2,000 sq ft) large **\$200** small (2,000 sq ft or less) **\$100**

___ **Caterer** **\$100**

___ **Mobile Unit or Push Cart** **\$100**

___ **Seasonal (not at the Eastern States Exposition)** **\$100**

___ **Residential Kitchen for Retail** (cottage foods) **\$75**

___ Temporary -- use different form— use other form

___ Non profit (must select one of the above as well) **\$0**

*TCS means Time/temperature control for safety; refer to the 2013 US FDA Food Code or 105 CMR 590 for more information. Links to both can be found on our website.

Applicant:

Name _____ Phone number _____

Mailing Address _____

SIGNATURE** _____

**by signing this form you attest that the information provide herein is accurate; that you will comply with all applicable codes; that you will allow the regulatory agency (WSHD) access in accordance with the regulations, AND that the establishment and owners do NOT owe the Town of West Springfield or the Commonwealth of Massachusetts any money.

For Board of Health Use Only

Application received: On Time: _____ Late: _____

Approved for issuance of permit: _____ Agent: _____

Rejected: reason _____ Agent: _____