

**Town of West Stockbridge  
Board of Health**

**Application – Food Establishment Permit**

Please type or print neatly. All items must be completed, Non-applicable items should be indicated by "N/A". Incomplete applications can not be processed.

*Signing this application certifies that then applicant and the establishment will operate and abide by the provisions of 105 CMR 590.000 State Sanitary Code Article X: Minimum Sanitation Standards for Food Service Establishments.*

New License                       Renewal

Name of Establishment \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_  
 Name and Title of Applicant \_\_\_\_\_  
 Name of Owner (if different) \_\_\_\_\_

**Corporations or Partnerships: Give name, title, and home address of officers and partners.**

Name                                      Title                                      Home Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

State of Incorporation \_\_\_\_\_

Name of Local Agent \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Address \_\_\_\_\_

**Check applicable type of license (a separate application is required for each license type).**

Type of Establishment	Permit Fee		Duration of Permit	Amount Due
	Annual	Seasonal*		
<input type="checkbox"/> Retail Food	\$ 50.00		<input type="checkbox"/> Annual	_____
<input type="checkbox"/> Food Service	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Caterer	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Mobile Vendor**	\$ 25.00	\$ 25.00	<input type="checkbox"/> Seasonal	_____
<input type="checkbox"/> Residential Kitchens	\$ 50.00	\$ 50.00		_____
<input type="checkbox"/> Bed and Breakfast	\$ 50.00			_____
<input type="checkbox"/> Special Event Service	\$ 25.00		<input type="checkbox"/> Temporary	_____
<input type="checkbox"/> Farmers Market ***		\$ 20.00		_____

Dates and Hours of Operation (ALL) \_\_\_\_\_  
 \_\_\_\_\_

Types of Food Served \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Seasonal licenses – May 1 to October 31, or any time in between.  
 \*\*Applications for mobile vendors must include a list of handwash and toilet facilities available on each route.  
 \*\*\*No preparation of food on site

Water Source \_\_\_\_\_ Sewage Disposal \_\_\_\_\_

Person(s)-In Charge (attach copy of certification) \_\_\_\_\_

Person(s) trained in Allergen Awareness (attach certificate copy) \_\_\_\_\_

Person trained in anti-choking procedures (if 25 seats or more) \_\_\_\_\_

***I certify, under the pain and penalties of perjury, that the information provided on this application is correct.***

\_\_\_\_\_  
***Date of Application***

\_\_\_\_\_  
***Signature of Applicant***

***Pursuant to MGL Ch. 62, sec 49A, I certify, under the pains and penalties of perjury, that I—to the best of my knowledge and belief—have filed all state tax returns and paid all state taxes as required under law.***

\_\_\_\_\_  
***Social Security # or  
Federal Identification #***

\_\_\_\_\_  
***Individual or Corporate Name***

by \_\_\_\_\_  
***Signature of Individual or Corporate Officer***

**Mobile Vendors: List of Handwash and Toilet Facilities**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Make Check Payable to “Town of West Stockbridge” and return to:**

**West Stockbridge Board of Health  
PO Box 81  
West Stockbridge, MA 01266  
Phone: (413) 232-0300 ext. 314**