



Town of Swampscott

OFFICE OF THE

Board of Health

ELIHU THOMSON ADMINISTRATION BUILDING

SWAMPSCOTT, MASSACHUSETTS 01907

781-596-8864

2019-20 APPLICATION - PERMIT TO OPERATE A FOOD ESTABLISHMENT

NAME OF ESTABLISHMENT _____ TEL # _____

ADDRESS OF ESTABLISHMENT _____

MAILING ADDRESS (if different) _____

OWNER'S NAME _____ TEL # _____

**if corporate or partnership please attach copy of names, titles, and home addresses of Officers and Partners*

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CERTIFIED FOOD MANAGER'S NAME(S) _____ CERTIFICATE#(s) _____
(required in an establishment where potentially hazardous food is prepared.)

Emergency Response Person _____ Mobile # _____ Email _____

HOURS OF OPERATION: **Mon.** _____ AM/PM to _____ AM/PM **Tue.** _____ AM/PM to _____ AM/PM
Wed. _____ AM/PM to _____ AM/PM **Thu.** _____ AM/PM to _____ AM/PM **Fri.** _____ AM/PM to _____ AM/PM
Sat. _____ AM/PM to _____ AM/PM **Sun.** _____ AM/PM to _____ AM/PM

TYPE OF ESTABLISHMENT

FEE check only (Town of Swampscott)

RETAIL MARKET YES NO {sq. ft? _____} **\$70** (+\$30 per each 1000 sq.ft.)
If there is a Bakery in the market add \$25
If there is a Deli/seafood area add \$25
If there is a Butchery in the market add \$25

RESTAURANT YES NO {# of seats? _____} **\$100** (+\$1 per seat)

CATERING KITCHEN YES NO **\$100**

RETAIL BAKERY YES NO **\$50** (+\$30 per each 1000 sq.ft.)
**may also need restaurant permit*

ADDITIONAL PERMITS

MANUFACTURE (not serve) Ice Cream, Yogurt, Soft Serve	YES	NO	\$30
TOBACCO VENDOR (see attached agreement)	YES	NO	\$125
ALL NON-PROFIT (such as church kitchens)	YES	NO	\$TBD

Please Note:
All approved food permits **will be mailed to the physical food service location.**
Retail Licensing Dept's can obtain a copy of permit from their location

Please pay total with one check payable to the Town of Swampscott

This Permit is not transferable and must be reissued upon change of ownership. The Permit must be posted in a prominent location in the Establishment.

In accordance with the State Sanitary Code, before any renovations, improvements, or equipment changes are made, all plans for such must be submitted to and approved by the Swampscott Board of Health.

Restaurants with 25 seats or more must have, on premises, a person trained in anti-choking procedures.

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

Signature _____ Date _____ SS or Federal Identification Number _____