



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

*Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3206*

**BOARD OF HEALTH**

**Food Establishment Permit Application**

\*\*\*If applying for a mobile, temporary, seasonal, or residential food permit, please use the required application forms. This application is for permanent (brick and mortar) food establishments.

Date: \_\_\_\_\_

**Type of Application:**    ☐ New Food Establishment                      ☐ Renewal

**Food Establishment Information:**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Medway, Massachusetts 02053

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check the type of business:

☐ Association    ☐ Corporation    ☐ Individual    ☐ Partnership    ☐ Other specify \_\_\_\_\_

\*\*\* If corporation, association, or partnership, attach a list of names, addresses, titles, and numbers of the officers.

**Person-in-Charge (PIC) and Supervisor Information:**

Name of the person directly responsible at the establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Operation Information:**

check one of the following- retail means most food items for sale are prepackaged (convenience store)

- ☐ Food Establishment (0- 50 seats)    ☐ Food Establishment (50+ seats)  
☐ Retail Food (under 8,000 sq ft)    ☐ Retail Food (between 8,000- 10,000 sq ft)    ☐ Retail (over 10,000 sq ft)

Check the applicable establishment type if applicable:

- ☐ Caterer    ☐ Church    ☐ Daycare    ☐ Healthcare Facility    ☐ School (K-12)

**Operation:**

Check all that apply (TCS means TIME/TEMPERATURE CONTROL OF SAFETY FOOD- requires refrigeration):

- ☐ My food operation does NOT prepare food, but DOES offer for sale only prepackaged food that is NOT TCS foods. Example: Chips, candy, cookies – Items that do not require refrigeration for safety. Convenient store or gas station with no refrigeration and no refrigerated food products
- ☐ My food operation does prepare food however the foods are NOT TCS foods. Example: Dessert-type items - Cookies, brownies, cakes that DO NOT require refrigeration for food safety.
- ☐ My operation prepares, offers for sale, or serves TCS food only to order upon a consumer's request. Example: A customer orders a cheeseburger and it's cooked and served to the customer immediately
- ☐ My operation prepares food in advance in quantities based on projected consumer demand and discards food that has not been sold or served at an approve frequency. Example: Soup is cooked, held in a steam table and disposed at the end of the day.
- ☐ My food operation uses time as a public health control (TPHC) as specified under §3-501.19 in 2013 FDA Food Code. Example: Storing TCS Food at room temperature for a period of time.
- ☐ My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combing TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing. Example: Cooking chicken with vegetables, cooling, and reheat to hot hold in a steam table.
- ☐ My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for delivery to and consumption at a location off the premises of the food establishment where it is prepared. Example: Catering Operation

☐ My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for service to a Highly Susceptible Population

Statement: Pursuant to M.G.L. 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 all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

**Submit the following:**

- Completed Food Establishment Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- Make check payable to "Town of Medway"
  - \$150 Retail under 8,000 sq ft
  - \$250 Retail between 8,000 and 10,000 sq ft
  - \$450 Retail over 10,000 sq ft
  - \$150 Food Establishment with 0- 50 seats
  - \$200 Food Establishment with 50+ seats
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Certified Food Protection Manager Certificate (if applicable)
- Allergen Awareness Certificate (if applicable)
- Choke Safe Certificates (if applicable- over 25 seats)