



TOWN OF EASTHAM

2500 State Highway, Eastham, MA 02642
All Departments 508-240-5900
www.eastham-ma.gov

Please find attached the application for your food establishment permit. Applications are due at least two weeks before your planned opening date. In addition to the completed application form, the following are required:

- Routine Water Test Results
- Certificate of Liability Insurance
- Certificate of Workman's Compensation Insurance
- ServSafe Certificate
- Chokesaver Certificate
- Allergy Awareness Certificate
- Application Fee

Routine water test results need to be from the same calendar year as your permit. Please note DEP PWS testing results are NOT sufficient for local food establishment permits. Routine water test kits are available to pick up at Town Hall and take approximately two weeks to process. If you are connected to municipal water, you do not need to submit water test results.

Fees for the Food Establishment Permit, Ice Cream Permit, and Milk & Cream Permit are as follows:

Food Establishment	\$100
Manufacturing Ice Cream	\$50
Milk & Cream	\$50

Checks should be made payable to the Town of Eastham. If you have questions about the fee required for your business, please call the Health Department at the number listed below.

Health, Building and Fire Department inspections are required before your permits can be issued. Per State Building Code, please have the following information available at the time of your inspection:

- 1) Floor plans of each level of your building
- 2) A copy of the latest fire extinguisher inspection report (or invoice)
- 3) A copy of the latest fire sprinkler test report
- 4) A copy of the latest fire alarm and smoke/heat detector test report
- 5) A copy of the latest kitchen hood suppression system test report (if applicable)
- 6) A copy of the latest generator test report (if applicable)
- 7) A copy of all other licenses for this building, such as DPH, DMR, DMH and /or Office for Children (if applicable)
- 8) Engineer affidavit for outdoor stairways, fire escapes, egress balconies and walkways per state building code Section 1001.3.2 (if applicable)

If you have any questions, please contact me at 508.240.5900 ext 3230 or health@eastham-ma.gov.

Respectfully,

Karen Chimwaza
Community Development Assistant

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____

Pursuant to MGL 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 state taxes required under law.

Signature of Individual or Corporate Name: _____



**Town of Eastham
Board of Health**
 2500 State Hwy, Eastham, MA 02642
 (508)240-5900 x3230
 Fax: (508)240-5918
 Email: health@eastham-ma.gov

For Town Use Only:	
FE# _____	
MILK# _____	
ICE# _____	
Date Received: _____	
Fees due:	
\$100 Food Establishment	
\$50 Milk & Cream Sales	
\$50 Manufactured Ice Cream	
Check #: _____	
<input type="checkbox"/> Water test	<input type="checkbox"/> ServSafe
<input type="checkbox"/> Cert. Of liability	<input type="checkbox"/> Allergy Awareness
<input type="checkbox"/> Workman's Comp	<input type="checkbox"/> Chokesaver

FOOD ESTABLISHMENT PERMIT APPLICATION

New Businesses must meet with Health Agent and file application at least 30 days prior to opening.

Establishment Name:			
Establishment Address: _____,			
Establishment Mailing Address (if different): _____,			
Establishment Telephone No:	Establishment Email:		
Applicant Name & Title:	Applicant Email:		
Applicant Address: _____,			
Applicant Telephone No:	24 Hour Emergency No:		
Owner Name (if different from applicant):	Owner Phone No:		
Person Directly Responsible for Daily Operations (if different from applicant):			
Name & Title:	Email:		
Address:	_____ ,		
Phone No:	Emergency Phone:		
Total Number of Food Service Employees:			
Name of ServSafe Certified Employee:			
Name of Person Trained in Anti-Choking Procedures (if 25 seats or more):			
Name of Person Trained in Allergy Awareness:			
Location: <i>(check one)</i>	Water Source: <i>(check one)</i>	Establishment Type: <i>(check all that apply)</i>	
<input type="checkbox"/> Permanent Structure	<input type="checkbox"/> Municipal Water	<input type="checkbox"/> Food Service	<input type="checkbox"/> Farmers Market – Retail food
<input type="checkbox"/> Mobile	<input type="checkbox"/> Private Well	<input type="checkbox"/> Retail Food	<input type="checkbox"/> Farmers Market – Limited Food Service
		<input type="checkbox"/> Mobile Food Service	<input type="checkbox"/> Residential Kitchen – Retail Sales
		<input type="checkbox"/> Catering	<input type="checkbox"/> Ice Cream Manufacturing (if yes, an additional \$50 fee for Permit)
		<input type="checkbox"/> Continental Breakfast	<input type="checkbox"/> Milk & Cream sold (if yes, an additional \$50 fee for Permit)
		<input type="checkbox"/> Other:	
Length of Permit: <i>(check one)</i>	Hours of Operations:		
<input type="checkbox"/> Annual	Days of the Week: _____		
<input type="checkbox"/> Seasonal/Dates:	Opening Time: _____		
_____ to _____	Closing Time: _____		
Sewage disposal:			
Conditions:			