



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
- Application Fee
- Certificate of Liability Insurance
- Certificate of Workman's Compensation Insurance

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 hotel/motel/cottage colony permit. 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 Hotel/Motel/Cottage Colony are \$200.00. 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



**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:

HM# _____

Date Received: _____

Check #: _____

- Water test
- Cert. Of liability
- Workman's Comp

HOTEL/MOTEL/COTTAGE COLONY/INN PERMIT APPLICATION

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

Name of Establishment:																				
Establishment Address:																				
Establishment Mailing Address (if different):																				
Business Tel:	Email:																			
Applicant Name & Title:																				
Home/Legal Address:																				
Applicant's Email:	Home Tel:																			
Owner Name:	Owner Phone:																			
Person Directly Responsible for Daily Operations (if different from applicant):																				
Name & Title:	Email:																			
Address:																				
Phone No:	Emergency Phone:																			
Number of Rooms:																				
Total Guest Capacity:																				
Length of Permit: <i>(check one)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td>Annual</td> </tr> <tr> <td></td> <td>Seasonal/Dates:</td> </tr> <tr> <td colspan="2">If seasonal, dates open:</td> </tr> </table>		Annual		Seasonal/Dates:	If seasonal, dates open:		Water Source: <i>(check one)</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td>Municipal Water</td> </tr> <tr> <td></td> <td>Private Well</td> </tr> <tr> <td colspan="2">PWS Number (if applicable):</td> </tr> </table>		Municipal Water		Private Well	PWS Number (if applicable):		Operations at your establishment: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td>Food Service</td> </tr> <tr> <td></td> <td>Swimming Pool</td> </tr> <tr> <td></td> <td>Hot Tub</td> </tr> </table> <p>If any checked, additional licensing needed.</p>		Food Service		Swimming Pool		Hot Tub
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Pursuant to MGL Ch. 62C section 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 as required by law.

Signature _____

Date _____