



Town of Holbrook  
Board of Health  
50 North Franklin Street  
Holbrook, Massachusetts 02343

Tel: 781-767-3030  
Fax: 781-767-9562

**Application for Permit to Operate a Food Establishment**

Food Service Fee: \$150.00—No permit shall be issued until fee is received

Retail Fee: \$100.00—No permit shall be issued until fee is received

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

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

Address of Establishment: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Type of Establishment: (circle all categories that best describe your business)

School/Daycare	Fast Food/Take Out	Restaurant
Grocery Store	Nursing Home	Caterer
Place of Worship	Convenience Store	Function Hall
Other: _____		

Days & Hours of Operation: \_\_\_\_\_

Name of Applicant & Phone Number: \_\_\_\_\_

Name of Owner & Phone Number: \_\_\_\_\_

Mailing Address (if different from the establishment): \_\_\_\_\_

If a corporation or partnership, give name, title, address, and phone number of partners: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

For establishments serving food, a plan is in place for excluding and restricting food employees from working if they become ill or they live with a person who is ill with a disease which is transmissible through food. If the employee becomes symptomatic, they will need to be excluded from work. For more information, see FC 2-201.12, Exclusions and Restrictions, (105 CMR 590.003(D)).

☐ Yes, a plan is in place

☐ No, we may need assistance in developing a plan.

Person In Charge, (PIC), monitor dumpsters, monitor grease waste, work with pest control company.

☐ Yes, a plan is in place

☐ No, we may need assistance in developing a plan.

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**If a restaurant:**

Number of seats: \_\_\_\_\_

Person trained in anti-choking procedures (if 25 seats or more) (Please attach certificate(s)).  
\_\_\_\_\_

Name of person(s) certified in ServSafe and Allergy Safe as required under the Food Code (Please attach certificate(s)). \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgment**

I have read the contents of this Food Permit Renewal Application, and I understand and agree to the provisions listed in the document. I understand that no food service-related equipment will be replaced or renovation work will be done before seeking permission from the Holbrook Health Department and Board of Health.

I 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.  
Pursuant to MGL Ch62C, sec 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Be sure to verify compliance with all Federal, State and Local regulations.

**\*\*By signing below, I understand to the above, agree and to the best of my ability comply with the terms**

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

Signature: \_\_\_\_\_

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