TOWN OF SOUTHAMPTON

BOARD OF HEALTH
210 College Highway, Suite 4
Southampton, Massachusetts 01073

Tel. 413-529-1003
Fax. 413-529-6847
Email: healthdirector@Townofsouthamptonmaboh.org

APPLICATION FOR PERMIT

Name of Establishment_____

Business Address _____PH# _____

Mailing Address (if different) _____

Name and Title of Applicant _____

Address of Applicant _____

Name of Owner (if different)_____

Required Email:_____

If corporation or partnership, give name, title and home address of officers or partners.

Name	Title	Home Address

State of Incorporation_____ FID # _____ Name and Address of Local Agent _____

Emergency Response Person:_____ Phone:_____

Type of Establishment	Duration of Permit	Permit Fee
__Retail Food	__Annual	$_____
__Food Service		$_____
__Caterer	__Seasonal	$_____
__Mobile Food*		$_____
__Residential		$_____
__Tobacco Retail		$_____

PAYMENT DUE WITH APPLICATION TOTAL $_____

*Mobile Food units or push carts must include a list of hand washing and toilet facilities available on each route. Attach separate sheet.

PERMIT FEES:

PERMIT	FEE
Restaurant Minimum (0-15 seats)	$125.00
Restaurant Minimum (16-50 seats)	$165.00
Restaurant Minimum (>50 seats)	$250.00
Take-Out Service – Additional	$25.00
Caterers	$100.00
Residential Kitchens	$100.00
Mobile Food Per Vehicles/Pushcarts	$100.00
Retail Food	$3.65 per 100 sq. ft. or minimum $50.00
Baked Goods-Ice Cream Stands, etc.	$165.00
Town Clubs or Organizations Or Daily Rate	NO FEE
Frozen Dessert Machine	$25.00
Milk and Cream – Store	$5.00
Tobacco	$200.00
Municipal Food Service – School	NO FEE
Re-Inspection for Food Service following a Failed Inspection	$50.00 per visit
Seasonal Establishments (6 months)	$100.00
Temporary Food Permit	$75.00

Days and Hours of Operation:_____

If Restaurant, Number of Seats:_____

Copy of ServSafe Certification attached: YES_____ NO_____
Copy of Allergen Awareness Certification attached: YES_____ NO_____

Person Trained in Anti-Choking Procedures (25 seats or more): YES_____ NO_____

Signature of Applicant _____ Date_____