



TOWN OF MENDON

Board of Health

20 Main Street

Mendon, Massachusetts 01756

Telephone: (508) 634-2656 Fax: (508) 478-8241

E-mail address boh@mendonma.gov

Check List for Food Application

- Food Establishment Permit Application Completed and Signed
- Food Questionnaire
- REAP form
- Workers' Compensation Insurance Affidavit Completed and Signed
- Copies of Workers' Compensations and Liability Insurance Certificates with the Mendon Board of Health listed as the certificate holder.
- Copies of Food Manager Certifications
- Copies of Person Trained in Anti-Choking Certifications
- Copies of Allergen Awareness Certificate
- Permit fee



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Food Establishment Permit Application

(Applications must be submitted at least 30 days before the planned opening date)

Establishment Name:																
Establishment Address:																
Establishment Mailing Address (if different):																
Establishment Phone No:																
Email address (optional):																
Applicant Name & Title:																
Applicant Address:																
Applicant Telephone No:	24 Hour Emergency No:															
Owner Name & Title (if different from applicant):																
Owner Address (if different):																
Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity	If corporation or partnership, give name, title, and home address of officers or partner <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td></tr> <tr><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td><td style="border-top: 1px solid black;"> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
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Person directly responsible for daily operations (owner, person in charge, supervisor, manager, etc.)																
Name & Title:																
Address:																
Telephone No.:	Fax:															
Emergency Phone No:																
District or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No.:	Fax:															



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Questionnaire for Food Establishments

Name of Establishment: _____

Address of Business: _____

Owner or Manager: _____

Day of week and hours
Establishment is open _____

Do you contract for rubbish removal? Yes _____ No _____

Number of times weekly or monthly: _____

Company Name and Address: _____
(Company must have a current OFFAL permit with town)

Do you have a grease trap? Yes _____ No _____

How often is grease waste removed from trap? _____

Do you use services of rendering plant? _____

If not, how is it disposed of? _____

Do you have pest control service? Yes _____ No _____

If yes, company name & address: _____

Number of times per week or month: _____

Pesticides used (Inquire from pesticide control operator): _____

Comments or questions: _____

Massachusetts Department of Revenue

Revenue Enforcement And Protection (REAP) Attestation

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.

*Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, If Applicable)

**Social Security # (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law c. 62C s. 49A.