



# Renewal - Food Service Permit Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632  
[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

## Form F-1 Renewal

### Restaurant

- 0 Seats (\$185)
- 1-40 Seats (\$280)
- 41- 99 Seats (\$465)
- 100 + Seats (\$550)
- Frozen Dessert (\$100)
- Deli (\$100)
- Hot Bar (\$60)
- Cold Bar (\$60)
- HACCP (\$60)
- Milk/Cream (\$30)
- Shared Space (\$120)
- Shared Space with PHF's (\$185)

### Retail/Market

- Retail (<5,000 s.f.) (\$230)
- Retail (5,000-10,000 s.f.) (\$280)
- Retail Over 10.000 s.f. (\$370)
- Sundries (20 Items or Less) (\$45)
- Sundries (21 Items and above) (\$80)
- Bakery (\$100)
- Deli (\$100)
- Hot Bar (\$60)
- Cold Bar (\$60)
- HACCP (\$60)
- Milk/Cream (\$30)

### Other Food Service

- Catering (\$255)
- Bulk (\$65)
- Residential Kitchen (\$85)
- Mobile Food (\$100)/6 mo.
- Mobile Food (\$175)/year.
- Cafeteria (\$455)
- Pushcart (\$60)/6 mo.
- Utility Kitchen (\$60)

**Total Food Service Licensing Fee \$ \_\_\_\_\_**

Provide the following information under the authority of the General Laws of the Commonwealth of Massachusetts,  
Chapter 94, Section 305A, and Chapter 3, Section 5.

Establishment name: \_\_\_\_\_

Establishment address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**\*E-mail address (Used Only for Renewals):** \_\_\_\_\_

Establishment telephone: \_\_\_\_\_

Owner name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Person in charge of daily operations: \_\_\_\_\_

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

Does the restaurant have an external grease trap? \_\_\_\_\_ How often is it pumped? \_\_\_\_\_

Name and address of waste hauler: \_\_\_\_\_

Types of foods served and/or sold (attach menu): \_\_\_\_\_

Employee(s) trained in the Heimlich Maneuver: \_\_\_\_\_

(Required while food is being served in restaurants with 25 or more seats)

Name of *Certified Food Manager* (s) (attach copy of certificate) \_\_\_\_\_

Type of Sanitizer used: \_\_\_\_\_

Name, address and frequency of pest control: \_\_\_\_\_

Name of garbage disposal contractor: \_\_\_\_\_

Restaurant operating schedule: \_\_\_\_\_

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 1999 Federal Food Code.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns and paid state taxes required by law.

\_\_\_\_\_  
Signature

Please note: If an external grease trap exists, the following Board of Health Rules and Regulations shall apply:

*11-7.3.1 Grease traps shall be inspected monthly. They shall be cleaned, by a septage hauler licensed in the Town of Acton, whenever the level of grease is 25% of the effective depth of the trap, or at least every three months, whichever is sooner. This cleaning shall be reported to the Health Department office within thirty (30) days of its occurrence.*

The waste manifest should be available to the Health Department upon inspection of the facility.

**Before returning these applications please make sure you have completed the following:**

- Active Food Protection Manager Certification, Allergen Awareness Certification, Liability Insurance, Choke Saving Certification (required for establishments with over 25 seats)
- Answer all questions on the application (incomplete applications will be returned to applicant)
- Enclose license renewal fee (checks can be made payable to the Town of Acton)

Remit Application and Fee to:  
Acton Board of Health – 472 Main Street, Acton, MA 01720