



TOWN OF SOUTHAMPTON

BOARD OF HEALTH

210 College Highway, Suite 4
Southampton, Massachusetts 01073

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Email: boardofhealth@townofsouthampton.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) _____

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
<input type="checkbox"/> Retail Food	<input type="checkbox"/> Annual	\$ _____
<input type="checkbox"/> Food Service		\$ _____
<input type="checkbox"/> Caterer	<input type="checkbox"/> Seasonal	\$ _____
<input type="checkbox"/> Mobile Food*		\$ _____
<input type="checkbox"/> Residential		\$ _____
<input type="checkbox"/> 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	\$15.00
Caterers	\$100.00
Residential Kitchens	\$85.00
Mobile Food Per Vehicles/Pushcarts	\$85.00
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	\$165.00
Municipal Food Service – School	NO FEE
Re-Inspection for Food Service following a Failed Inspection	\$50.00 per visit
Seasonal Establishments (6 months)	\$85.00
Temporary Food Permit	\$50.00

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 _____