Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, Ma. 01432

Food Service Permit Application

Name of Business ________________________________________________

Business address _____________________________________________ Town ______________________________

Phone number __________________________ Email __________________________

Name of Applicant ____________________________________________ Fax __________________________

Address of Applicant ___________________________________________________________________________

Name of owner of building (if different from applicant) ___________________________________________________________________________

Emergency response contact ________________________________________________


Type of Food Operation
Retail (pre-packaged foods only)

Food Service  (based on the number of seats)

Plan Review $125.00

Caterer - $60.00

Mobile Food - $85.00 (see mobile food guidelines)

Residential Kitchen – $100.00 (see residential kitchen guidelines)

Farmers Market- $25.00 Town________________________

- If 25 or more seats, it is mandatory that one employee be trained in anti-choking procedures
- If applicable – please submit a copy of Certified Food Management Training Certificate and allergen certificate with this application.

Total number of seats in the establishment _______________________________________

Water source (town or private well or public water supply) _______________________________________

(978) 772-3335  (800) 427-9762  FAX (978) 772-4947
Type of Sewage Disposal (town or private sewer) _____________________________
Is a pest control program planned? Yes ________ No ________
Pest control company name and address _____________________________

Source of supplies:
1. Bakery goods _____________________________
2. Dairy products _____________________________
3. Meats/poultry _____________________________
4. Seafood _____________________________
5. Ice _____________________________

Building construction – If this is a new or remodeled establishment you must submit floor plans and equipment schedule with the appropriate plan review fee of $125.00

1. Materials used in floors _____________________________
2. Materials used on walls _____________________________
3. Materials used on ceilings _____________________________
4. Number of toilet rooms _____________________________
5. Type of dishwasher (high or low temp) _____________________________
6. Number of grease traps _____________________________
7. Public water supply number (if applicable) _____________________________
8. Disposal of garbage or rubbish _____________________________

*** Contact Nashoba Board of Health prior to any changes in the establishment such as:
1. Adding/removing equipment
2. Adding seats
3. Significant menu changes

You are advised to contact all town departments to determine additional permitting or licensing requirement (Building Inspector, Board of Selectmen, Planning Board etc)

Mobile food establishments / Residential Kitchens / Temporary Food vendors are limited to serving menu items that have been approved by the Nashoba Board of Health.

The approved use of the proposed facility will be based on the approved capacity of the on site sewage disposal system, if the site is served by an onsite sewage disposal system.

I hereby acknowledge that I am aware of and will obey by all regulations including Title V (if applicable), The Federal Food Code and the Minimum Sanitation Standards for Food Establishments State Sanitary Code 105 CMR 590.000 595.000.

I will not make any changes to the establishment without notifying the appropriate departments.

Pursuant to MGL ch62 c, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all tax returns and paid state taxes under law.

Signature _____________________________ Date _____________________________