



**Town of Barnstable  
Inspectional Services  
Public Health Division**

Thomas McKean, Director  
200 Main Street, Hyannis, MA 02601  
Office: 508-862-4644 Fax: 508-790-6304

<b>For Office Use Only:</b> Initials: _____
<b>Date Paid</b> _____ <b>Amt Pd \$</b> _____
<b>Check #</b> _____ <b>Cash</b> _____

**APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT**

DATE \_\_\_\_\_ NEW OWNERSHIP \_\_\_\_\_ RENEWAL \_\_\_\_\_

NAME OF FOOD ESTABLISHMENT: \_\_\_\_\_

ADDRESS OF FOOD ESTABLISHMENT: \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER OF FOOD ESTABLISHMENT: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

TOTAL NUMBER OF BATHROOMS: \_\_\_\_\_

WELL WATER: YES \_\_\_\_\_ NO \_\_\_\_\_ ... (ANNUAL WATER ANALYSIS REQUIRED)

ANNUAL: \_\_\_\_\_ SEASONAL: \_\_\_\_\_ DATES OF OPERATION: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>NUMBER OF SEATS: INSIDE: _____ OUTSIDE: _____ TOTAL: _____</b>
<b>SEATING: MUST OBTAIN A COMMON VICTUALLER'S LICENSE FROM LICENSING DIV.</b>

**\*\*\*OUTSIDE DINING REMINDER\*\*\***

**OUTSIDE DINING, MUST BE APPROVED BY THE HEALTH DIV. AND LICENSING, AND MEET OUTSIDE DINING REQUIREMENTS.**

IS WAIT STAFF PROVIDED FOR OUTSIDE DINING? \_\_\_\_\_

IS AN AIR CURTAIN PROVIDED AT WAITSTAFF SERVICE DOOR(S)? \_\_\_\_\_

**TYPE OF ESTABLISHMENT:** (PLEASE CHECK ALL THAT APPLY BELOW)

- \_\_\_\_ FOOD SERVICE
- \_\_\_\_ RETAIL FOOD - ONLY required for TCS foods (foods requiring refrigeration/freezer)
- \_\_\_\_ BED & BREAKFAST
- \_\_\_\_ CONTINENTAL BREAKFAST
- \_\_\_\_ COTTAGE FOOD INDUSTRY (formerly residential kitchen)
- \_\_\_\_ MOBILE FOOD
- \_\_\_\_ FROZEN DAIRY DESSERT MACHINES ... (MONTHLY LAB ANALYSIS REQUIRED)
- \_\_\_\_ CATERING ... (CATERING NOTICE REQUIRED BEFORE EVENT (SEE PAGE #2))

**\*\*\* SEASONAL, MOBILE & NEW FOOD ONLY\*\*\***

**REQUIRED TO CALL HEALTH DIV. FOR INSPECTION PRIOR TO PERMIT BEING ISSUED**  
**PLEASE CALL 508-862-4644**

**OWNER INFORMATION:**

FULL NAME OF APPLICANT \_\_\_\_\_

SOLE OWNER: YES / NO      D.O.B \_\_\_\_\_      OWNER PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CORPORATE OWNER: \_\_\_\_\_      DATE OF BIRTH: \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

PERSON IN CHARGE OF DAILY OPERATIONS: \_\_\_\_\_

**List (2) Certified Food Protection Managers AND at least (1) Allergen Awareness Certified Staff  
All FOOD ESTABLISHMENTS must have 1 Certified Food Protection Manager PER SHIFT.  
\*\*ATTACH COPIES OF CERTIFICATES\*\* The Health Div. will NOT use past years' records. You  
must provide new copies and POST THE CERTIFICATES at your food establishment.**

<u>Certified Food Managers</u>	<u>Expiration Date</u>	<u>Allergen Awareness</u>	<u>Expiration Date</u>
1. _____	____ / ____ / ____	1. _____	____ / ____ / ____
2. _____	____ / ____ / ____		

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
SIGNATURE OF APPLICANT                      DATE

**\*\*\*FOOD POLICY INFORMATION\*\*\***

**SEASONAL FOOD SERVICE:** All seasonal food establishments, including mobile trucks must be inspected by the Health Div. **prior to opening!!** Please call Health Div. at 508-862-4644 to schedule your inspection. Please call at least (7) days in advance.

**FROZEN DAIRY DESSERTS:** Frozen desserts must be tested by a State Certified lab prior to opening and monthly thereafter, with sample results submitted to the Health Div. Failure to do so will result in the suspension or revocation of your Frozen Dessert Permit until the above terms are met.

**CATERING POLICY:** Anyone who caters within the Town of Barnstable must notify theTown by fax or mail prior to catering event. You must complete a catering notice found at <http://www.townofbarnstable.us/healthdivision/applications.asp>.

**OUTDOOR COOKING:** Outdoor cooking, preparation, or display of any food product by a food establishment is **prohibited**.

**NOTICE:** Permits run annually from January 1st to Dec. 31<sup>st</sup> each calendar year. **IT IS YOUR RESPONSIBILITY TO RETURN THE COMPLETED APPLICATION(S) AND REQUIRED FEES BY DEC 1st.**

## MAIL-IN REQUESTS

Please mail the completed application form to the address below. Also include copies of your employees' food protection manager training certificates (at least two) and food allergen awareness training certificate (at least one.) In addition, please include the required fee amount (see fees at bottom of this page). Make check payable to: Town of Barnstable. Our mailing address is:

**Town of Barnstable  
Public Health Division  
200 Main Street  
Hyannis, MA 02601**

## FOR FAXED REQUESTS

Our fax number is **(508) 790-6304**. Please fax a completed application form. Also, please fax copies of your employees' food protection manager training certificates (at least two) and food allergen awareness training certificate (at least one.) In addition, you must mail the required fee amount (see box below). Please make the check payable to: **Town of Barnstable**. The check must be mailed to the address listed above.

**FEES:** Bed & Breakfast Permit = \$55; Food Service Permit 0-49 seats = \$250; 50 or more seats \$300; Continental Breakfast = \$30; Retail Food (only TCS Foods) = \$20; Retail Food Store – Less than 8,000 S.F. = \$100, more than 8,000 S.F. = \$285; less than 1,000 S.F.; Retail Food Combo/Limited Prep. - \$200.00; Cottage Food Industry = \$75; Mobile Truck = \$50; Mobile Ice Cream Truck = \$35; Frozen Dessert License = \$30; Additional non-refundable Fee for New Establishment or New Ownership = \$100-\$500(see staff), Late Fee = \$10