

# TOWN OF BROOKLINE

## DEPARTMENT OF PUBLIC HEALTH

11 Pierce St, Brookline, MA 02445  
Telephone: (617) 730-2300, Fax: (617) 730-2296  
E-Mail: [rlankah@brooklinema.gov](mailto:rlankah@brooklinema.gov)

### Office Use Only:

Date Recv'd: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
San Appr: \_\_\_\_\_  
Chief Appr: \_\_\_\_\_  
Check#: \_\_\_\_\_  
Permit#: \_\_\_\_\_  
Risk Level \_\_\_\_\_

Roland Lankah, REHS/RS, MPH, PhD.  
Assistant Director of Health & Human Services  
Chief of Environmental Health

### APPLICATION FOR PERMIT/QUESTIONNAIRE

(PLEASE PRINT OR TYPE)

Check One:    New    \_\_\_\_\_    Renewal    \_\_\_\_\_    **Renovations/Menu/Name Change**

Name of Establishment: \_\_\_\_\_ Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Firm: \_\_\_\_\_

Operator Name + mailing addresses: \_\_\_\_\_

Company e-mail \_\_\_\_\_

I. Type of Business:    Corporation: \_\_\_\_\_    Partnership: \_\_\_\_\_    Sole owner: \_\_\_\_\_

#### II. Type of Establishment: (Check all that apply)

Food Service _____	Catering _____	Residential Kitchen _____
- (Any food prep) _____	Bed and Brkfst _____	Temporary Food Service _____
Retail _____		
- (Packaged foods) _____	Bakery _____	Mobile Food Establishment _____
Limited Retail _____	Daycare _____	Common Victualler License _____
- (Chips/candy only) _____	Nursing Home _____	Food Vendor Service _____
School Food Service _____	Recreational Marijuana _____	

Corporate Officers \_\_\_\_\_ Telephone # \_\_\_\_\_

President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Clerk: \_\_\_\_\_

As required by MGL c 152 s 25A this Establishment is in compliance with the Massachusetts Worker Compensation Coverage Requirement (establishments not required to comply with the coverage requirements must submit copies of the Industrial Accidents affidavit form with this application).    Yes: \_\_\_ No: \_\_\_

### PLEASE SIGN BELOW

I, the undersigned certify under the penalties of perjury that the applicant has filed all state tax returns and paid all state taxes as required by law, (MGL Chap62C s 49A).

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

III. Days and Hours of operation: \_\_\_\_\_

IV. Seating Capacity: \_\_\_\_\_ Outdoor Seating: \_\_\_\_\_ V. Size of Establish. (Sq. Footage): \_\_\_\_\_

**V. Names and positions of Employees trained and certified in Choke-Saving technique and dates of Certification as on certificate: (required 25 seats or more)**

\_\_\_\_\_  
Certification granted by (attach copies of certification) \_\_\_\_\_  
(If these employees are currently certified by the American Red Cross or other organization, copies must be attached.)

VI. Names of manager/supervisor certified in food safety: \_\_\_\_\_  
Certification granted by (attach copies of certification) \_\_\_\_\_

VII. Names of manager/supervisor certified in allergen awareness training: \_\_\_\_\_  
Certification granted by (attach copies of certification) \_\_\_\_\_

VIII. Name and address of Pest Control Company: \_\_\_\_\_  
Frequency of Service: \_\_\_\_\_

IX. Rubbish Removal Co. \_\_\_\_\_  
Frequency of Removal: \_\_\_\_\_

**X. Type of Food Sold/Or Produced, Approved Waivers - Variances: (check all that apply)**

Bulk Food \_\_\_\_\_ Shell Fish \_\_\_\_\_ Salad Bar \_\_\_\_\_ Tobacco Sales \_\_\_\_\_  
Consumed on Premises \_\_\_\_\_ Take-out \_\_\_\_\_ Pre-Packaged \_\_\_\_\_ Baked Goods \_\_\_\_\_  
Reduced Oxygen Packaging/Sous Vide/vacuum packaging \_\_\_\_\_ Sushi \_\_\_\_\_ (Requires HACCP Plan)  
Frozen Dessert/yogurt/custard (from machine) \_\_\_\_\_ Dogs on Patio: \_\_\_\_\_

Time as a Public Health Control Measure (Approved to keep potentially hazardous foods at room temperature)  
(Y/N): \_\_\_\_\_ Approved foods: Pizza \_\_\_\_\_ Pastry \_\_\_\_\_ Other \_\_\_\_\_

Frozen Dessert Testing Lab: \_\_\_\_\_

Sushi Rice Testing Lab: \_\_\_\_\_

Approved to have non-screened open windows (Y/N): \_\_\_\_\_

Installed Odor Control System (to control cooking odors) (Y/N): \_\_\_\_\_

Dogs Allowed on exterior Patio: (Y/N) \_\_\_\_\_

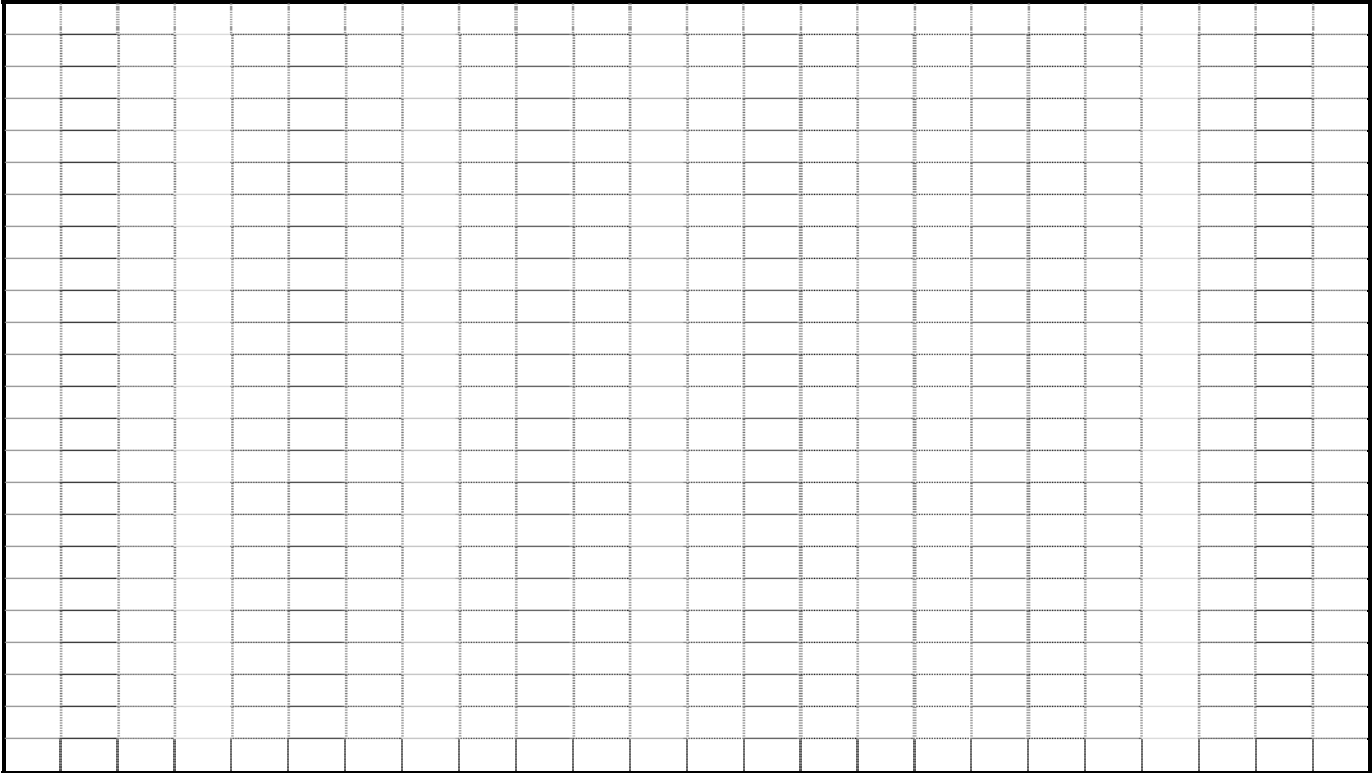
**XI. Menu: (New Applications Only)** Attach a copy of your Menu. List menu items below if current menu not available. Menu items must comply with Town of Brookline Article 8.28 Restriction on Use of Artificial Trans Fat, and display Consumer Advisory to inform consumers of risk of eating raw or undercooked foods. **You must also include Allergy Advisory Statement**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**XII. Equipment: (New Applications Only)** Submit Equipment Schedule and Specification Sheets. If not available, list all new and/or existing equipment in below list. **All equipment must be commercial and have NSF, UL or other approved certification.**

1 _____	2 _____	3 _____	4 _____
5 _____	6 _____	7 _____	8 _____
9 _____	10 _____	11 _____	12 _____
13 _____	14 _____	15 _____	16 _____
17 _____	18 _____	19 _____	20 _____

**XIII. Floor Plan: (New Applications Only)** Provide a detailed floor plan indicating where above equipment is located. If professional drawings not available, sketch floor plan below using above numbers as a key for equipment.



**Required Attachments:**

- Equipment Specification Sheets**
- Floor Plan**
- Certified Food Protection Manager** (Serve Safe or equivalent, where required)
- Choke Saver Certificates** (required for 25 seats or more)
- HACCP Plans** (For Sushi Rice, Vacuum Packaging, etc.)