



TOWN OF LUDLOW

HEALTH DEPARTMENT

488 Chapin Street
Ludlow, MA 01056
(413) 583-5600 ext. 1271 TEL
(413) 583-5689 FAX



Public Health
Prevent. Promote. Protect.

Application for Food Related Permits for Bar, Church, and Residential Kitchen

Permit Fee: \$80

Type of Establishment:

- Bar/Tavern (Limited Food Prep – skip section #4)
- Church/Religious Org. Food Service (skip section #4)
- Residential Kitchen

1. Contact Information:

Name of Establishment: _____

Business Address: _____

Mailing (if different): _____

E-Mail: _____ Phone Number: _____

2. Owner, Corporation, or Partnership Information:

Name: _____ Title: _____

Address: _____

E-Mail: _____ Phone Number: _____

3. Required Documentation to Be Completed by All Applicants:

- Copy of Food Manager Certification
- Copy of Allergen Awareness Certification
- Full menu of all items offered
- Anti-choking Certification***

4. Checklist to Be Completed by Residential Kitchen Permit Applicants ONLY:

- Rough floor plan for kitchen and storage areas
- Example of food product label
- All products sold by a licensed Residential Kitchen must be non-potentially hazardous food; products must be shelf-stable
- Review attached Residential Kitchen Inspection Checklist for more information

***Permits will NOT be issued for incomplete applications; please ensure you have submitted all necessary documentation.**

****Any renewal application received after expiration date will be subject to a 50% late fee.**

*****A person certified in anti-choking procedures must be provided in food establishments with 25 or more seats and must be on site at all times while food is being served**

Please contact the Health Department with any questions.

I hereby certify by signing this application that I am an owner or officer of the above business, and all the information provided is true and correct. I agree to comply with the applicable rules and regulations (105 CMR 590.000). I agree to allow the Health Department, or its agents, access to the establishment to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

Name: _____

Signature: _____

Date: _____

For Official Use Only

Date: _____ Fee Paid: \$_____ Check #: _____ Permit #: _____

Date of Review: _____

Reviewed by: _____