

# BOARD OF HEALTH



City Hall  
45 School Street  
Brockton, Massachusetts 02301

Tel. (508) 580-7175  
Fax (508) 584-8846

## FOOD ESTABLISHMENT PLAN REVIEW PACKET

Establishment Name: \_\_\_\_\_

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### **PLAN REVIEW – WHAT YOU NEED TO DO FIRST**

1. Submit floor plans (see example on page 12).
2. Submit cut sheet for each piece of equipment (see example on page 13).
3. Submit a full menu of all food products, including beverages, that you plan to serve (see example on page 14).
4. Submit a separate check (payable to "City of Brockton") for the appropriate Food Service Permits.  
Confirm appropriate fee with the Health Agent before submitting check.
5. Applicant must submit a completed application, final plans and appropriate fees.
  - The Health Department will complete a review of plans and all other information within 30 days.
  - Food establishment plans must be approved by the Health Agent before any work or construction can begin.
6. Complete a Food Service Application (pages 15-18).
7. Please note: This plan review packet applies to Board of Health procedures only.  
Please check with all other applicable City Departments for their appropriate requirements.

## FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: \_\_\_\_\_

*Please PRINT all requested information*

This Food Establishment Plan and specification review is a result of a:

- Check all that apply: ☐ New construction project  
☐ Remodel project  
☐ Conversion project  
☐ New operation that is being added

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

Establishment address: \_\_\_\_\_

Establishment phone number: \_\_\_\_\_

Hours of operation:	Monday _____	Friday _____
	Tuesday _____	Saturday _____
	Wednesday _____	Sunday _____
	Thursday _____	

Months of operation: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Owner's mailing address: \_\_\_\_\_

Owner's phone number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's mailing address: \_\_\_\_\_

Applicant's phone number: \_\_\_\_\_

Title/Relationship to establishment (i.e.: owner, manager, et.): \_\_\_\_\_

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**FOOD ESTABLISHMENT INFORMATION**

Meals to be served (approximate number):

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Structural / Building information:

Number of floors: \_\_\_\_\_

Square footage: \_\_\_\_\_

Customer capacity information (if applicable):

Number of seats: \_\_\_\_\_

Number of beds: \_\_\_\_\_

Please enclose the following documents:

- ☐ Site plan showing location of business in building, location of building on site, streets and location of any facility (dumpsters, well, septic system).
- ☐ Manufacturer's Specification sheets for each piece of equipment (cut sheets)
- ☐ Proposed Menu (including off-site and banquet menus)

A. Finish Schedule

Indicate type of materials to be used (i.e.: quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, durable grade of plastic)

[please write n/a if not applicable]

	FLOOR	COVING	WALLS	CEILING
Kitchen				
Bar				
Warewashing area				
Food storage				
Other Storage:	n/a	n/a	n/a	n/a
Storage area #1 Location:				
Storage area #2 Location:				
Storage area #3 Location:				
Toilet rooms				
Dressing rooms				
Inside garbage/Refuse storage				
Mop service basin area				
Walk-in refrigerators				
Walk-in freezers				
Customer areas				

B. Insect and Rodent Harborage

1. Are all outside doors self-closing with rodent and insect proof flashing?  
☐ Yes  
☐ No
  2. Are screen doors provided on outside doors for use in warm weather?  
☐ Yes  
☐ No  
☐ Not applicable
  3. Do all operable windows have a minimum of 16 mesh to the inch screening?  
☐ Yes  
☐ No  
☐ Not applicable
  4. Are all pipes, electrical conduit cases, ventilation system exhausts and intakes sealed and/or covered/protected?  
☐ Yes  
☐ No  
☐ Not applicable
  5. Are air curtains used (controlled air currents)?  
☐ Yes  
Location: \_\_\_\_\_  
☐ No
- 

C. Garbage and Refuse Inside

1. What kind of refuse containers will be used inside?  
\_\_\_\_\_

2. Will refuse be stored inside?

☐ Yes

If yes, where? \_\_\_\_\_

☐ No

D. Garbage and Refuse Outside

1. Will a dumpster be used?

☐ Yes

Number: \_\_\_\_\_

Frequency of pick-up: \_\_\_\_\_

Contractor: \_\_\_\_\_

Is dumpster enclosed?

☐ No

2. Will cans be stored outside?

☐ Yes

☐ No

3. Describe the surface on which the dumpster/cans/compactor are to be stored?

Please note: All outside refuse storage containers must be in an enclosed area and stored on or above a smooth surface that is made of a nonabsorbent material that is in good repair.

Description: \_\_\_\_\_

---

E. Plumbing: please contact the plumbing inspector with regard to any and all plumbing code issues.

1. Are there grease traps provided at all warewashing and food preparation sinks?

☐ Yes

☐ No

---

F. Handwashing Stations

1. Soap dispensers (wall mounted or individual pump dispensers) location of each:

(a) \_\_\_\_\_

(d) \_\_\_\_\_

(b) \_\_\_\_\_

(e) \_\_\_\_\_

(c) \_\_\_\_\_

(f) \_\_\_\_\_

2. Hand drying facilities (paper towels or air blower) location of each:

(a) \_\_\_\_\_

(d) \_\_\_\_\_

(b) \_\_\_\_\_

(e) \_\_\_\_\_

(c) \_\_\_\_\_

(f) \_\_\_\_\_

3. Hot and cold water confirmed at each hand wash station?

☐ Yes

☐ No

If no, indicate location and problem: \_\_\_\_\_

---

G. Water Supply

1. Type of water supply:

☐ Public

☐ Private

If private, has source been approved?

☐ Yes: please attach copy of written approval

☐ No

☐ Pending

2. Ice production:

☐ purchased commercially

☐ on premises

If produced on premises by machine; are specifications enclosed?

☐ Yes

☐ No

---

H. Sewage Disposal

1. Type of sewage disposal:

☐ municipal sewer

☐ private disposal system

2. Has private disposal system been approved?

☐ Yes

☐ No

☐ Pending

☐ N/A

---

I. Employee restrooms and dressing rooms

1. Will employees share restrooms with customers or will employees have their own restrooms?

☐ Shared

☐ Employees only

2. Describe storage area for employees' personal belongings (coats, purses, etc.):

---



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J. Storage and Laundry

1. Describe storage facilities that are made available for the separate storage of all toxics, chemicals and cleaning supplies:

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---

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2. Are laundry facilities located on the premises?

☐ No

☐ Yes

If yes, what will be laundered?

Is location physically separated from food preparation and warewashing areas?

☐ Yes

☐ No

3. Location of clean linen storage: \_\_\_\_\_

4. Location of soiled linen storage: \_\_\_\_\_
- 

K. Exhaust Systems

1. Please list and indicate purpose of all ventilation systems, both general and smoke/grease filter type:

(a) \_\_\_\_\_

(b) \_\_\_\_\_

(c) \_\_\_\_\_

(d) \_\_\_\_\_

---

L. Sinks

1. Is a separate mop sink present?

☐ Yes

☐ No

If no, please describe facility for cleaning of mops and other cleaning equipment?

---

2. Is a separate food preparation sink made available?

☐ Yes

☐ No

3. Is a separate handwash sink present in the food preparation area?

☐ Yes

☐ No

---

**M. Dishwashing Facilities**

1. Is there a three (3) compartment sink (mandatory) provided for warewashing?

☐ Yes

☐ No

2. Three compartment sink information:

Does the largest pot/pan fit in each sink? ☐ Yes ☐ No

Are there drain boards on each end? ☐ Yes ☐ No

What type of sanitizer is used?

☐ Chlorine/Bleach

☐ Quaternary ammonium compound (QAC)

☐ Iodine

Are the appropriate test strips on-hand? ☐ Yes ☐ No

3. If a Dishwasher is to be used in addition to a three compartment sink, please indicate the type of sanitizing cycle used:

☐ High temperature final rinse

Temperature of wash water: \_\_\_\_\_

Temperature of final rinse: \_\_\_\_\_

Heat Booster provided: ☐ Yes ☐ No

☐ Automatically dispensed chemical sanitizer

Type of chemical sanitizer used: \_\_\_\_\_

Proper test strips on-hand: ☐ Yes ☐ No

☐ No dishwasher

---

Statement: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Brockton Board of Health may nullify this approval.

Applicant's signature: \_\_\_\_\_

Applicant's printed name: \_\_\_\_\_

Date: \_\_\_\_\_

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Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations that may be required; federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

## APPENDICES / EXAMPLES

- (a) Floor Plan
- (b) Manufacturer's Specification Sheets
- (c) Final Menu

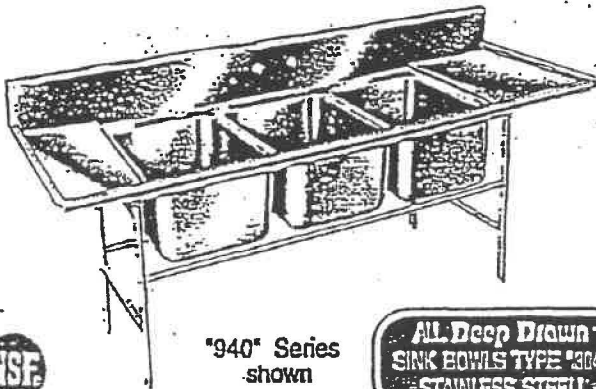
- *The Brockton Board of Health does not intend to recommend or represent any company or piece of equipment shown on the following pages.*

STAINLESS STEEL

## SINKS

### Three Compartment Two Drainboards

**Bowl Sizes:** 16" x 20" 20" x 20"  
24" x 24" 20" x 28"



"940" Series  
shown

**ALL Deep Drawn  
SINK BOWLS TYPE "304"  
STAINLESS STEEL**

**Choose From 3 Available Series:**

#### SPEC-LINE

##### "940 Series"

14 ga. 304 S/S Bowls  
14 ga. 304 Drainboards & Splash

#### STANDARD

##### "930 Series"

16 ga. 304 S/S Bowls  
16 ga. 304 Drainboards & Splash

#### SUPER SAVER

##### "900 Series"

16 ga. 304 S/S Bowls  
16 ga. 430 Drainboards & Splash

**Extra High 10" Splash**  
**The ONLY 14 Gauge Deep Drawn Sink**

#### FEATURES:

One piece **Deep Drawn** sink bowls with integral splash-type drainboards.

Featuring the single bowl unit design.

All sink bowls have a large liberal radii with a minimum dimension of 3".

Placement of the welded leg assembly ensures stability and furnishes direct support of the column load requirement for the entire sink unit.

#### CONSTRUCTION:

All TiG welded.

Welded areas blended to match adjacent surfaces and to a satin finish.

Gussets welded to a die-embossed reinforcing channel.

#### MECHANICAL:

Supply is 1/2" IPS hot & cold.

Faucet holes on 8" centers.

Faucets are not included (see accessories).

Waste drains are 1-1/2" IPS basket type and are included.

Item #: 10

Model #:

Project:

14 Gauge 304 S/S	16 Gauge 304 S/S	304 Bowls, 16 Ga 430 Drbds
"940" Series	"930" Series	"900" Series
Qty	Qty	Qty
94-3-54-18RL	93-3-54-18RL	93-54-18RL
94-3-54-24RL	93-3-54-24RL	93-54-24RL
94-3-54-36RL	93-3-54-36RL	93-54-36RL
94-23-60-20RL	93-23-60-20RL	923-60-20RL
94-23-60-24RL	93-23-60-24RL	923-60-24RL
94-23-60-36RL	93-23-60-36RL	923-60-36RL
94-43-72-24RL	93-43-72-24RL	943-72-24RL
94-43-72-36RL	93-43-72-36RL	943-72-36RL
94-83-60-20RL	93-83-60-20RL	983-60-20RL
94-83-60-36RL	93-83-60-36RL	983-60-36RL

REQUIRED  
ACCESSORIES

Model #: Qty

DRAINS		
FAUCETS		

#### MATERIAL:

**BOWLS:** "940" Series: 14 gauge type 304 stainless steel.  
"930" Series: 16 gauge type 304 stainless steel.  
"900" Series: 16 gauge type 304 stainless steel.

**TOP:** "940" Series: 14 gauge type 304 S/S.  
"930" Series: 16 gauge type 304 S/S.  
"900" Series: 16 gauge type 430 S/S.

**LEGS:** 1-5/8" diameter tubular stainless steel.

"940" Series is supplied with extra front and rear cross brace.

Stainless steel gussets

1" adjustable metal bullet feet

#### Other Available Bowl Sizes:

10" x 14" x 10" 14" x 14" x 12"  
14" x 16" x 12" 12" x 20" x 12"

Homemade Soup of the Day	~\$	Crab Cakes with Cajun Mayonnaise	5.95
Bufflehead's Seafood Chowder	3.50/5.50	Steamed Mussels Marinara	6.95
Fresh Garden Salad	1.95	Caesar Salad	2.95/3.95
		with Chicken	6.95

### SPECIALTIES

*Served with French fries, cole slaw, lettuce & tomato*

Hummus Sandwich with lettuce, red onion & alfalfa sprouts in pita pocket	5.50
Roast Beef on Rye with thousand island dressing, horse radish, cole slaw & swiss cheese	5.95
Smoked Turkey Sandwich with bacon, lettuce, tomato, cranberry mayonnaise	5.95
Fried Haddock Sandwich with cheddar cheese & tartar sauce	5.95
Buffle Burger 1/3 lb. charbroiled burger	4.95
	with choice of toppings 50¢ each
Grilled Chicken Sandwich - Chef's choice	5.95
Lobster Melt Maine lobster, sliced tomato & Swiss cheese on a toasted English Muffin	8.95
Stuffed French Bread with chicken salad, sliced cucumbers & melted swiss cheese	5.95

### FROM THE SEA

*Served with French fries, cole slaw, lettuce & tomato*

Fried Haddock	10.95	Lobster Roll	8.95
Fried Clams	11.95	Clam Cakes	6.95
Fried Scallops	11.95	Crab Cakes	7.95
		Steamed Maine Lobster ~\$	

### SANDWICHES AND SUBS

*Served with lettuce and tomato on your choice of sub or bulkie roll, white, wheat, rye or pita bread*

Roast Beef	4.95	Tuna Salad	4.50
Ham & Cheese	4.95	Chicken Salad	4.50
Smoked Turkey	4.95	Veggie with cheddar cheese in pita pocket	4.50
		cheese 50¢	

### PIZZA

10" 4.95  
50¢ per topping

Bacon • Mushroom • Sausage • Green Pepper • Onion • Pepperoni • Extra Cheese  
Black Olives • Ham

### MORE STUFF

Hot Dog	1.95	1/2 Sandwich & Soup	~\$
BLT	3.95	1/2 Sandwich & Salad	4.50
Grilled Cheese	2.95	French Fries	.95
Cole Slaw	.95	Onion Rings	2.50

## WORKERS' COMPENSATION INSURANCE AFFIDAVIT

I, \_\_\_\_\_  
(licensee/permittee)

with a principal place of business at: \_\_\_\_\_  
(City, State, Zip)

do hereby certify under the pains and penalties of perjury, that:

- ( ) I am an employer providing workers' compensation coverage for my employees working on this job.

Insurance Company

Policy Number

- ( ) I am a sole proprietor and have no one working for me in any capacity.

- ( ) I am a sole proprietor, general contractor or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Contractor

Insurance Company/Policy Number

Contractor

Insurance Company/Policy Number

Contractor

Insurance Company/Policy Number

I understand that a copy of this statement will be forwarded to the Office of Investigations of the DIA for coverage verification and that failure to secure coverage as required under Section 25A of M.G.L. 152 can lead to the imposition of criminal penalties consisting of a fine of up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Licensee/Permittee

VERIFY COVERAGE INFORMATION CALL: 617 727-4900 x403, 404, 405, 409, 375

13. Workmans Compensation Form:

☐ Workmans Compensation Insurance Affidavit filled out and signed.

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Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, am in good standing with respect to all state tax returns and taxes payable required under law.

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Signature of Applicant

---

Corporate Name



Date Received

Date Inspected

Approved By

Permit # Issued

## Food Establishment Permit Application

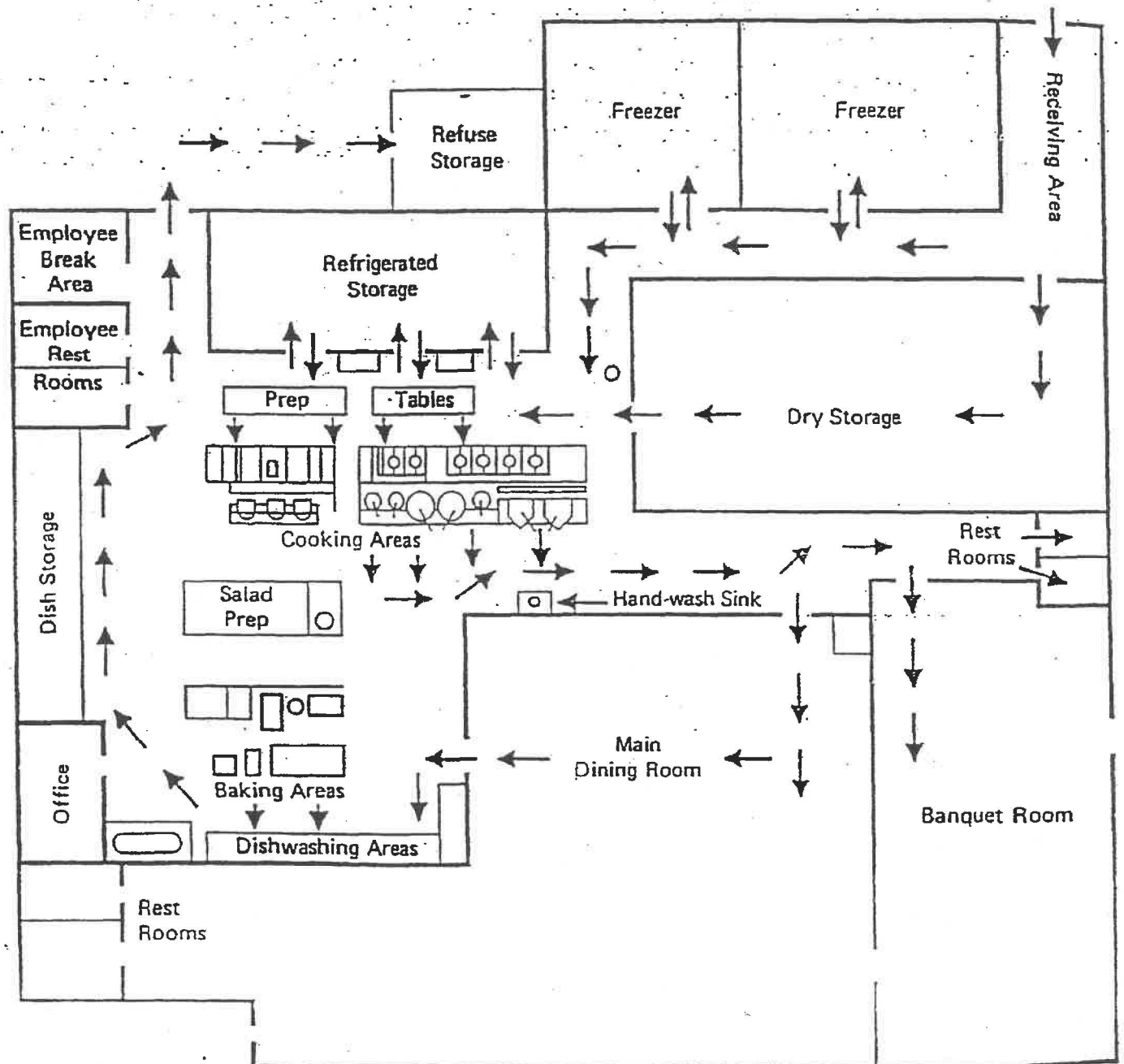
*(Application must be submitted at least 30 days before the planned opening date)*

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:													
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone No:	24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):													
9) Owner Address (if different from applicant):													
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name	Title	Home Address									
Name	Title	Home Address											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:													
Address:													
Telephone No:	Fax:												
Emergency Telephone No:													
13) District Or Regional Supervisor (if applicable)													
Name & Title:													
Address:													
Telephone No:	Fax:												

26) Signature of Individual or Corporate Name: \_\_\_\_\_

# FOOD ESTABLISHMENT FLOOR PLAN

*Simplified foodservice floor plan. Arrows indicate normal work-flow patterns.*



# BOARD OF HEALTH



Telephone 580-7175

City Hall  
Brockton, Massachusetts 02401

## APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

\*\*\*\*\* PLEASE FILL IN ALL STARRED AREAS \*\*\*\*\*

First Time

Filing Fee

\$ 50.00

Decal #

Fee

Vehicle Reg. #

### TYPE OF BUSINESS

Seating Capacity

Area

Sq. Ft.

Date of Issue

Date of Exp.

\*\*\* Owner

(Corp. Name if Incorporated)

\*\*\* Address

(Corp. Name if Incorporated)

\*\*\* Telephone Number

\*\*\* DOING BUSINESS AS

Name

Address

Telephone Number

### ONLY IF INCORPORATED

President

Name

Address

Tele. #

Treasurer

Name

Address

Tele. #

Clerk

Name

Address

Tele. #

CORPORATION'S MAIN OFFICE

Address

Tele. #

\*\*\* APPLICANT'S NAME

Print

TITLE

\*\*\* APPLICANT'S SIGNATURE

DATE

# BOARD OF HEALTH



City Hall  
Brockton, Massachusetts 02301

Telephone 580-7175

## APPLICATION/FOOD PERMIT (NOT TRANSFERABLE) \*\*\*\*\* PLEASE FILL IN ALL STARRED AREAS \*\*\*\*\*

Filing Fee \$50.00 Decal # \_\_\_\_\_

Fee \$ 125.00 Vehicle Reg. # \_\_\_\_\_  
\$ 175.00

Cater/ Food Prep

TYPE OF BUSINESS

Seating Capacity \_\_\_\_\_ Area \_\_\_\_\_ Sq. Ft.

Date of Issue \_\_\_\_\_ Date of Exp. \_\_\_\_\_

\*\*\* Owner \_\_\_\_\_  
(Corp. Name if Incorporated)

\*\*\* Address \_\_\_\_\_  
(Corp. Name if Incorporated)

\*\*\* Telephone Number \_\_\_\_\_

\*\*\* DOING BUSINESS AS \_\_\_\_\_  
Name

Address

Telephone Number

### ONLY IF INCORPORATED

President \_\_\_\_\_  
Name Address Tele. #

Treasurer \_\_\_\_\_  
Name Address Tele. #

Clerk \_\_\_\_\_  
Name Address Tele. #

CORPORATION'S MAIN OFFICE \_\_\_\_\_  
Address Tele. #

\*\*\* APPLICANT'S NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
Print

\*\*\* APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



# BOARD OF HEALTH

City Hall  
Brockton, Massachusetts 02301  
Telephone (508) 580-7175

## APPLICATION MILK LICENSE

\*\*\* Please fill in all starred areas.

Number \_\_\_\_\_

Fee 15.00

Issue Date \_\_\_\_\_

Exp. Date \_\_\_\_\_

\*\*\*  
Owners Name (Corporation if Incorporated) \_\_\_\_\_

\*\*\*  
Address \_\_\_\_\_

\*\*\*  
Telephone No. \_\_\_\_\_

### DOING BUSINESS AS:

\*\*\*  
Name of Business \_\_\_\_\_

\*\*\*  
Address of Business \_\_\_\_\_

\*\*\*  
Telephone No. \_\_\_\_\_

\*\*\*  
Milk Dealer's Name and Address \_\_\_\_\_

\*\*\*  
Applicant's Name \_\_\_\_\_

\*\*\*  
Title \_\_\_\_\_

\*\*\*  
Applicant's Signature \_\_\_\_\_

\*\*\*  
Date \_\_\_\_\_

NON TRANSFERABLE

# BOARD OF HEALTH



City Hall  
Brockton, Massachusetts 02401

Tel. (508) 580-7175  
Fax (508) 584-8846

APPLICATION  
WOOD (METHYL) ALCOHOL

NUMBER: \_\_\_\_\_

FEE: \$ 25.00

DATE OF ISSUE: \_\_\_\_\_

DATE OF EXPIRATION: \_\_\_\_\_

TYPE OF BUSINESS

OWNER: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

D.B.A.: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

HOW IS ALCOHOL PURCHASED? FULL STRENGTH: \_\_\_\_\_ MIXED: \_\_\_\_\_

FROM WHOM? \_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(PRINT ADDRESS)

LIST OF ALCOHOL  
PRODUCT'S SOLD: \_\_\_\_\_

CORPORATION'S MAIN OFFICE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

NON TRANSFERABLE

# BOARD OF HEALTH



City Hall  
45 School Street  
Brockton, Massachusetts 02301

Telephone (508) 580-7175  
Fax (508) 580-7179

## APPLICATION

### TOBACCO PRODUCT SALES PERMIT

**FEE: \$50.00**

DATE OF ISSUE: \_\_\_\_\_ DATE OF EXPIRATION: \_\_\_\_\_

OWNER: \_\_\_\_\_  
NAME (CORPORATION NAME IF INCORPORATED)

ADDRESS: \_\_\_\_\_  
STREET CITY OR TOWN ZIP CODE

TELEPHONE: \_\_\_\_\_

DOING BUSINESS AS:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET CITY OR TOWN ZIP CODE

TELEPHONE: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S NAME (PLEASE PRINT) SIGNATURE

\_\_\_\_\_  
APPLICANT'S DATE OF BIRTH APPLICANT'S SOC. SEC. #

\_\_\_\_\_  
TITLE DATE

(CIRCLE ONE) CONVENIENCE STORE GAS/MINI-MART GAS ONLY LIQUOR STORE CANTEEN  
VENDING MACHINE PRIVATE CLUB RETAIL/WHOLESALE STORE OTHER

I \_\_\_\_\_ HAVE READ THE REGULATION II OF  
THE BROCKTON BOARD OF HEALTH RESTRICTING THE SALE OF TOBACCO  
PRODUCTS, ONE COPY ENCLOSED.





Robert F. Sullivan  
MAYOR

# City of Brockton

## Health Department

Dr. Eno Mondesir  
EXECUTIVE HEALTH OFFICER

### 2 Year Dumpster Permit Application

Application form must be filled out in its entirety. Form not properly filled out with all required information will not be accepted. No P.O. Boxes Allowed

FEE: **\$40.00 PER DUMPSTER (2 yrs. Permit )**      Number of Dumpsters on Property \_\_\_\_\_

Total Fee enclosed \$ \_\_\_\_\_

Number: \_\_\_\_\_  
(office use only)

Date: \_\_\_\_\_

Application/Permit for a dumpster is hereby made at the following location:

Location of dumpster(s): \_\_\_\_\_  
Number      Street

**Applicant's Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Property Owner's Information: (if same, write same)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Dumpster Company Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Type of property: (please check one)**

☐ Commercial  
☐ Residential  
☐ Industrial  
☐ Other (please specify) \_\_\_\_\_

Name (print)

Title

Signature

Date

\*

Signature (BoH Agent)

Title

Date of Issue

*"City of Champions"*

BROCKTON CITY HALL • 45 SCHOOL STREET • BROCKTON, MASSACHUSETTS 02301

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