



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*

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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

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

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

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

Hours of operation: Monday \_\_\_\_\_ Friday \_\_\_\_\_  
Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
Thursday \_\_\_\_\_

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

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

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

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

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

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

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

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

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]

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

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: \_\_\_\_\_  
\_\_\_\_\_

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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

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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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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) \_\_\_\_\_

---

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L. Sinks

1. Is a separate mop sink present?

Yes

No

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

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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

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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

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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

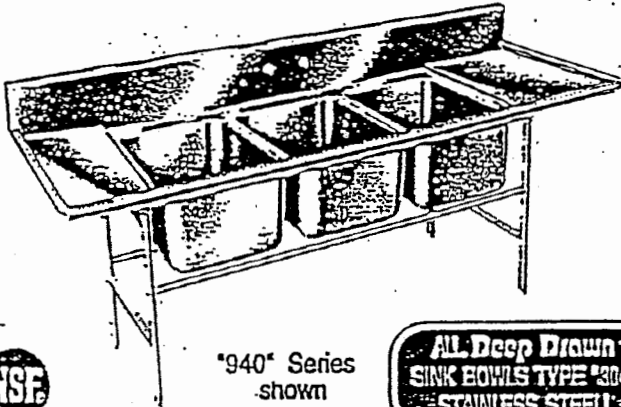
• *The Brockton Board of Health does not intend to recommend or represent any company or piece of equipment shown on the following pages.*

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 Qty	"930" Series Qty	"900" Series Qty
94-3-54-18RL	93-3-54-18RL	9-3-54-18RL
94-3-54-24RL	93-3-54-24RL	9-3-54-24RL
94-3-54-36RL	93-3-54-36RL	9-3-54-36RL
94-23-60-20RL	93-23-60-20RL	9-23-60-20RL
94-23-60-24RL	93-23-60-24RL	9-23-60-24RL
94-23-60-36RL	93-23-60-36RL	9-23-60-36RL
94-43-72-24RL	93-43-72-24RL	9-43-72-24RL
94-43-72-36RL	93-43-72-36RL	9-43-72-36RL
94-83-60-20RL	93-83-60-20RL	9-83-60-20RL
94-83-60-36RL	93-83-60-36RL	9-83-60-36RL

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	6.95	Crab Cakes with Cajun Mayonnaise	5.95
Buffhead's Seafood Chowder	3.50/5.50	Steamed Mussels Marinara	6.95
Fresh Garden Salad	1.95	Caesar Salad with Chicken	2.95/3.95 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
Buffe 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	6.95	

### 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	6.95
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.

---

Signature of Applicant

---

Corporate Name



Date Received	Date Inspected	Approved By	Permit # Issued
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## 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):													
<b>10) Establishment Owned By:</b> <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 _____	<b>11) If a corporation or partnership, give name, title, and home address of officers or partner.</b> <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 style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> <tr><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td><td style="border-bottom: 1px solid black;"> </td></tr> </tbody> </table>	Name	Title	Home Address									
Name	Title	Home Address											
<b>12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>													
Name & Title:													
Address:													
Telephone No:	Fax:												
Emergency Telephone No:													
<b>13) District Or Regional Supervisor (if applicable)</b>													
Name & Title:													
Address:													
Telephone No:	Fax:												

14) Water Source: DEP Public Water Supply No: ( if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.</i>			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type(check all that apply) <input type="checkbox"/> Retail (            Sq. Ft) <input type="checkbox"/> Food Service - (            Seats) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (            Meals/Day)	
21) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates:  <input type="checkbox"/> Temporary/Dates/Time:		<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home. <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer  Other (Describe)	
23) Food Operations: (check all that apply):		<i>Definitions: PHF - potentially hazardous food (time/temperature controls required)</i> <i>Non-PHF - non-potentially hazardous food (no time/temperature controls required)</i> <i>RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)</i>	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/OR HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe):		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities  <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	
		<i>To be completed by the Board of Health</i>  <b>Total Permit Fee:</b> _____ <b>Payment is due with application</b>	

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: \_\_\_\_\_

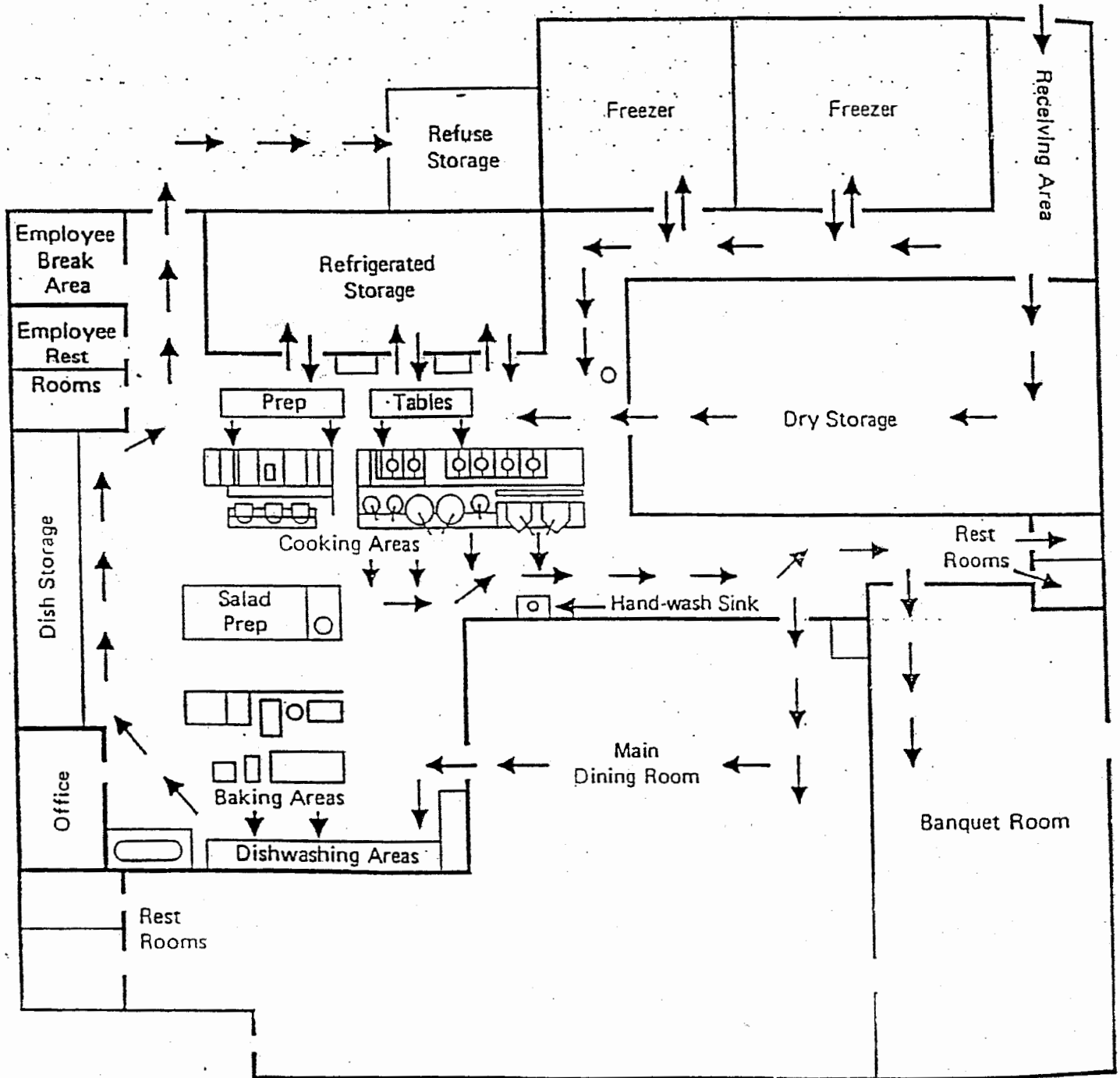
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: \_\_\_\_\_

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

# FOOD ESTABLISHMENT FLOOR PLAN

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





Telephone 580-7175

APPLICATION/FOOD PERMIT (NOT TRANSFERABLE)

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

FIRST TIME

Filing Fee \$ 50.00  
+  
Fee \_\_\_\_\_

Decal # \_\_\_\_\_

Vehicle Reg. # \_\_\_\_\_

Seating Capacity \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_ 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



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

### Dumpster Application/Permit

Application Form must be filled out in its entirety. Form not properly filled out with all required information will not be accepted.

FEE: \$20.00 DUMPSTER PERMIT (2 Years)

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

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

Location of dumpster: \_\_\_\_\_  
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



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

APPLICATION  
WOOD (METHYL) ALCOHOL

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

FEE: <sup>10</sup> 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



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

APPLICATION

FOR LOCATION OF TABACCO SALES

FEE: \$25.00

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        |         |