Town of Berkley
Massachusetts
Offices of
Board of Health
One North Main Street
Berkley, MA 02779

OFFICE HOURS:
Monday, Tuesday & Wednesday
9:30 AM to 2:30 PM
Phone : 508-822-7828
Email : boardofhealth@berkleyma.gov

QUESTIONNAIRE FOR FOOD/RETAIL ESTABLISHMENT PERMITS/TEMPORARY PERMITS

(Questionnaire must be completely filled out & Checks should be made payable to the Town of Berkley)

Business Info:

Name:_____ Phone #_____

Address: _____

Type of Business: _____Contact Person: _____

Days and Hours of Operation: Sun _____ Mon _____ Tues _____

Wed _____ Thurs _____ Fri _____ Sat _____

Owner's Info:

Name:_____Phone #_____

Address:_____ E-Mail: _____

Insurances: (check all that apply and attach copies)

Insurance Liability ☐ Workers Comp ☐ Affidavit ☐

Temporary Food Permit (1Day) $100.00 (Each additional day $75.00)

Licenses & Permits: (check all that apply and attach copies)

Food ☐ $150.00 Milk & Cream ☐ $100.00 Tobacco ☐ $150.00

Serve Safe Certification ☐ Allergen Awareness Training Permit ☐

Annual Potability Test ☐

Manager's Signature:_____ Date:_____

QUESTIONAIRE FOR FOOD SERVICE PERMITS/RENEWAL

Is there parking available? Yes □ No □
Number of parking spaces available for customers _____
Number of parking spaces available for employees _____
Is there handicap parking and accessibility? Yes □ No □
How many? _____

□ List or include a menu of the type of meals to be sold: (Breakfast, Lunch, Dinner etc.)

Persons in Charge of Food Preparation:

1. _____
2. _____
3. _____
4. _____
5. _____

List all Employees with Serve Safe Certification: (Include copies of certification)

1. _____
2. _____
3. _____
4. _____
5. _____

List all wholesale food suppliers:

1. _____
2. _____
3. _____
4. _____
5. _____

Will patrons be supplied with bottled water or water from an on-site well? _____

Please provide the following information regarding your establishment:

How many employees? _____ Open to the public? Yes □ No □

Please provide the following information: (please indicate actual #)
(10 seats, 4 tables, 12 booths, 8 counter seats, 5 employees per shift)

How many seats are available? _____
How many tables? _____
Are there booths and counter seating? _____
How many employees per shift? _____

Do you have a pest control plan? Yes □ No □
If yes: explain your pest control plan_____

Do you have a Septic Pumping Plan: Yes □ No □
If yes: has a copy of the plan been given to the BOH? Yes □ No □