

RENEWAL APPLICATION

**SPRINGFIELD HEALTH & HUMAN SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
311 STATE STREET SPRINGFIELD, MA. 01105
PHONE: 413-787-6740 FAX: 413-787-6458 TTY: 413-7876745**



DATE: _____
ESTABLISHMENT NAME: _____
ADDRESS: _____ **ZIP CODE:** _____
BILLING ADDRESS: _____
BUSINESS PHONE NUMBER: _____

ENCLOSED FEE \$ _____ **(PAY BY BUSINESS CHECK OR MONEY ORDER MADE OUT TO THE CITY OF SPRINGFIELD AND SEND TO THE ABOVE ADDRESS **INCOMPLETE APPLICATIONS WILL BE RETURNED & PERMIT WILL NOT BE SENT UNTIL APPLICATION RECEIVED (x) CHECK OFF BELOW THE TYPE OF PERMIT(S) THAT YOU ARE APPLYING FOR**

FOOD SERVICE ESTABLISHMENT (making and selling food)

- _____ \$175.00 year - GROSS ANNUAL SALES UP TO \$200,000.00
- _____ \$275.00 year - GROSS ANNUAL SALES MORE THAN \$200,000.00 BUT LESS THAN \$800,000.00
- _____ \$400.00 year - OVER \$ 800,000.00

RETAIL FOOD SERVICE ESTABLISHMENT (vendor packaged food only)

- _____ \$175.00 year - GROSS ANNUAL SALES UP TO \$200,000.00
- _____ \$275.00 year - GROSS ANNUAL SALES MORE THAN \$200,000.00 BUT LESS THAN \$1,000,000.00
- _____ \$400.00 year - OVER \$1,000,000.00

BAKERY

- _____ \$100.00 year - GROSS ANNUAL SALES UP TO \$200,000.00
- _____ \$150.00 year - GROSS ANNUAL SALES MORE THAN \$200,000.00 BUT LESS THAN \$800,000.00
- _____ \$250.00 year - OVER \$800,000.00

MILK _____ \$25.00 year MILK (SOLD OR SERVED ON THE PREMISES)

FROZEN DESSERT _____ \$40.00 FROZEN DESSERT (ONLY FOR SOFT SERVE ICE CREAM)

CATERING _____ \$125.00 *Name of the location/base of operation from a LICENSED FOOD ESTABLISHMENT where food will be cooked/prepared: _____

RESIDENTIAL KITCHEN FOOD SERVICE _____ \$100.00 YEAR

MOBILE FOOD CART _____ \$125 YEAR ***ATTACH LIST OF HANDWASHING/TOILET FACILITIES AVAILABLE ON EACH ROUTE

MOBILE FOOD TRUCK _____ \$250 YEAR (enclosed FULL FOOD SERVICE)

IF MAKING AND SELLING FOOD, (NOT RETAIL VENDOR PACKAGED FOOD/COFFEE OR HOT DOGS) YOU ARE REQUIRED TO HAVE ONE FULL TIME EMPLOYEE ON THE PREMISES TO BE FOOD SAFETY & FOOD ALLERGY CERTIFIED. ***SUBMIT A COPY OF BOTH CERTIFICATES AND RETURN IT WITH THIS RENEWAL APPLICATION. YOU ARE ALSO REQUIRED TO CLEARLY POST THE CONSUMER ALLERGY WARNING ON THE MENU AND AT POINT OF SERVICE.

**AMOUNT DUE IS BASED ON LAST YEAR'S RECORDS. IF YOU THINK THERE IS A DISCREPANCY, YOU MUST PROVIDE US WITH A COPY OF A TAX RETURN OR A NOTORIZED STATEMENT OF GROSS SALES. IN ACCORDANCE WITH THE STATUTORY AUTHORIZATION OF MASSACHUSETTS GENERAL LAW 94, THE ABOVE SIGNED HEREBY APPLIES FOR THE PERMIT(S) CHECKED OFF ABOVE. PURSUANT TO M.G.L., CHAPTER 62C, SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE RETURNS AND PAID ALL TAXES REQUIRED UNDER LAW.

OWNER'S NAME (print) _____

signature _____

OWNER'S ADDRESS _____

SOCIAL SECURITY/FEDERAL ID # _____

(PRINT) NAME/TITLE OF THE PERSON COMPLETING THIS RENEWAL APPLICATION (IF OTHER THAN THE OWNER) _____