



Dalton Board of Health

462 Main Street Dalton, MA 01226

413 684-6111 x302 boh@dalton-ma.go

Current Permit Exp Dat

Establishment Name
Location Street Address
Primary Contact Name

Establ Phone

Contact Phone

Corp or Owner Nam

Mailing Address

City State Zip

Primary Email i Alternate Email

Person in Charge Name

Food Manager Exp Dat

Person w/ Allergen Certificat Allergen Exp Date

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Menu Descriptio

TYPE OF PERMIT

- Retail Food Only.....\$50.00
- Food Service.....\$100.00
- Caterer (with approved commisary Kitchen).....\$50.00 Com Kitchen Locatio
- Frozen Dessert\$50.00
- Residential Kitchen (low risk foods only).....\$50.00
- Temporary Food\$25.00/day or \$75 for up to 14-days . Date Start Date Stop
Com Kitchen Location
- Non-Profit Temporary Food Events.....\$ 0.00

Permit Condition

Outstanding Violations

- I certify that I comply with M.G.L. c 152(c), Workman's Comp La
- I affirm that I have read and am in compliance with the provisions of state and local regulations that pertain to my operations, including 105 CMR 590/2013 MA Food Code and COVID Workplace Standards.

Applicant Signature

Date

Applicant Name: _____

Applicant Role: _____