

Date Rcvd: _____ Amount Paid \$ _____ Check # _____ Permit # _____

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE HEALTH DEPARTMENT
APPLICATION TO OPERATE A
FOOD SERVICE ESTABLISHMENT

2023

Chicopee Health Department
115 Baskin Drive, Chicopee, MA 01020
(413) 594-3557

Name of Establishment _____

Est Address _____ Est Phone # _____

Business Name _____

Mailing Address (If Different) _____

Email _____

Owner, Corporation, or Partnership Information

Name	Title	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

FOR ESTABLISHMENTS WHO HANDLE POTENTIALLY HAZARDOUS FOODS, CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE ALLERGEN AWARENESS CERTIFICATION ARE REQUIRED

Certified Food Manager(s) _____ Exp Date _____

Allergen Awareness Certificate Holder(s) _____ Exp Date _____

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.

N/A – Commercially pre-packaged food only

FEE SCHEDULE:

FOOD SERVICE \$ _____ (Refer to Permit Fee Table)

CATERING \$ 100

LATE FEE \$ 100

TOTAL OF ALL FEES: \$ _____

ANNUAL GROSS SALES		PERMIT FEE
LESS THAN	\$200,000	\$150
\$200,000 --	\$800,000	\$200
GREATER THAN	\$800,000	\$250

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RETURNED WITH ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS AND FORMS WILL BE HELD WITHOUT PROCESSING UNTIL ALL REQUIRED DOCUMENTS ARE RECEIVED.

RENEWAL APPLICATIONS RECEIVED AFTER NOVEMBER 30TH WILL BE SUBJECT TO A \$100.00 LATE FEE. ANY FACILITY THAT HAS NOT SUBMITTED A RENEWAL APPLICATION BY DECEMBER 31ST, WILL BE CONSIDERED OPERATING WITHOUT A PERMIT AND ORDERED TO CLOSE UNTIL THE APPLICATION AND ALL DOCUMENTATION IS SUBMITTED.

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the establishment and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF APPLICANT

Date

CHECK OR MONEY ORDER ONLY MAKE PAYABLE TO: THE CITY OF CHICOPEE NO REFUNDS NON-TRANSFERABLE

Apply online at: permiteyes.us/chicopee/loginuser.php