



TOWN OF NORTHBOROUGH BOARD OF HEALTH

Town Hall Offices • 63 Main Street • Northborough, MA 01532 • 508-393-5009 • 508-393-3130 Fax

Food Establishment Plan Review Fee: \$200.00

Payable to Town of Northborough

DATA SHEET RELATIVE TO THE OPERATION OF A FOOD ESTABLISHMENT

Date: _____

1. Name of Applicant _____

2. Mailing Address _____

3. Name of Business _____

4. Business Address _____

5. Type of Business: () caterer () food service () retail food () residential kitchen () mobile food

6. BUILDING CONSTRUCTION (floor plan & equipment schedule is to be submitted)

a. Materials used in floors _____

b. Walls _____

c. Ceilings _____

d. Number of toilet rooms _____

e. How will toilet rooms be ventilated _____

f. Type of dishwasher (high or low Temp) _____

g. Number and type of sinks: (minimum required are one three bay sink, one hand sink in all food prep areas, one mop sink, and a hand sink in each bathroom) _____

h. Number and type of grease trap(s) _____

i. Capacity of Hot water heater and type _____

j. Water Source _____



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k. Public Water Supply Number if applicable_____

l. Type of Sewage Disposal_____

m. Disposal of Garbage and Rubbish_____

n. Is pest control program planned ()yes ()no
If pest control is planned company name and address:

o. Source of Supplies

a. Bakery goods_____

b. Dairy Products_____

c. Meats_____

d. Poultry_____

e. Seafood_____

f. Ice_____

Please include a copy of your proposed menu with this data sheet.

Submit a list of all individuals working at the establishment that have passed a Food Safety Course (submit copies of their Food Safety Certificates)

*****MAKE SURE A FOOD SERVICE APPLICATION IS SUBMITTED WITH THIS DOCUMENT*****

Emergency contact Person: _____

Telephone Number: _____

Signature of Applicant _____