

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

ABOVE FOR OFFICE USE ONLY



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

**2022**

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

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

**Owner, Corporation, or Partnership Information**

Name \_\_\_\_\_ Title \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

**CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.**

Name of Certified Food Manager(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Food Allergen Awareness Certificate Holder(s) \_\_\_\_\_ Expiration 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.

**FEE SCHEDULE:**

- FOOD SERVICE/RETAIL FOOD \$ \_\_\_\_\_ (Refer to Permit Fee Table)
- CATERING \$ 100
- TOBACCO & NICOTINE \$ 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 RETURNED.

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

**COPIES OF MASSACHUSETTS DEPARTMENT OF REVENUE CIGARETTE, CIGAR, AND ELECTRONIC CIGARETTE RETAILER LICENSES MUST ALSO BE PROVIDED FOR THOSE ESTABLISHMENTS APPLYING FOR A TOBACCO SALES PERMIT.**

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.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

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

Apply online at: [permiteyes.us/chicopee/loginuser.php](http://permiteyes.us/chicopee/loginuser.php)