

Town of Westwood

Commonwealth of Massachusetts BOARD OF HEALTH

Food Application Checklist

*C	ompleted Application for Review of Food Plans - with appropriate review fee:
0-	5,000 sq. ft \$150.00 <u>OR</u> if over 5,000 sq. ft \$0.03 per sq. ft.

- *Completed Food Establishment Document (2) or Retail Establishment Document (3R)
- Properly prepared plans, stamped by a Professional Engineer or Architect, accurately drawn to a minimum scale of ¼ inch= 1 foot, a minimum of 24 X 36 inches in size, to include the proposed layout (equipment clearly labeled), mechanical schematics, construction materials and finish schedule

_____ Equipment Specifications

_____ Intended Menu (for food prepared on site)

Once the plan has been submitted to the Health Department, there is a **30 day** review period. After approval of the plan, these additional documents are required in order to be issued a Food Permit:

*Completed Food Establishment Application with appropriate fee

_____ Copy of Worker's Compensation Affidavit and policy declaration page

_____ Copy of Certified Food Safety Manager Certificate(s) (Food Service only)

_ Copy of Choke Saver Certificate (for establishments with 25 or more seats)

*These forms can be found on the website: <u>www.townhall.westwood.ma.us</u> (Board of Health/applications)

Internal Office Use:			
Date Received	Incomplete Packet	Complete Packet	
Action Poquirod			
Action Required			