

**WENHAM BOARD OF HEALTH
FOOD SERVICE APPLICATION**

Fee: \$100

Name of establishment: _____

Owners/Operators name _____

Location: _____ Phone _____

Address of firm: _____

Type of establishment: Restaurant _____ Retail _____ Temp Food: _____

Days and hours of operation: _____

Please list licenses, permits, or registrations issued by state or federal agencies:

Federal I.D. or Soc. Sec. #

Seating capacity: _____

Size of establishment: _____

Floor plan (attach diagram) of establishment including hand washing sinks and
bathrooms:

Names and positions of employees trained and certified in choke-saving technique:
(Attach copies of certification) _____

Names and positions of certified food handlers: _____
(Attach copies of certification)

Describe your insect/rodent control program, including the name and address of
exterminator and how many times a month the establishment is serviced:

I, the undersigned, have obtained and reviewed Article X of the State Sanitary Code.

_____ date _____