

Renewal <input type="checkbox"/> Date Received:	New Owner <input type="checkbox"/>	Name Change <input type="checkbox"/>	Transfer of Permit <input type="checkbox"/> Permit #
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Town of West Tisbury
Board of Health
P.O. Box 278
West Tisbury, Ma 02575

\$225

Phone 508-696-0105 Fax 508-696-0111 e-mail boh@westtisbury-ma.gov

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name: <u>Salt Rock Chocolate Co</u> E-mail: <u>saltrockchocolate@gmail.com</u>													
2) Establishment Address: <u>20 Blackthorn Rd, WT</u> Map/Lot No: <u>31.1</u>													
3) Establishment Mailing Address (if different): <u>Po Box 317, Chilmark,</u>													
4) Establishment Telephone No: <u>508 449 0708</u> Establishment FAX No: <u>—</u>													
5) Applicant Name & Title: <u>Sarah Flanders, Ali Flanders - owners</u>													
6) Applicant Address: <u>31 State Road, Chilmark, MA / 20 Blackthorn Rd, WT</u>													
7) Applicant Telephone No: <u>508 560 1408</u> 24 Hour Emergency No: <u>508 560 1408</u>													
8) Owner Name & Title (if different from applicant): <u>—</u>													
9) Owner Address (if different from applicant): <u>—</u>													
10) Establishment Owned By: <input type="radio"/> An association <input type="radio"/> A corporation <input type="radio"/> An individual <input checked="" type="radio"/> A partnership <input type="radio"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr> <td><u>Sarah Flanders</u></td> <td><u>Owner</u></td> <td><u>31 State Road, Chilmark, MA</u></td> </tr> <tr> <td><u>Ali Flanders</u></td> <td><u>Owner</u></td> <td><u>20 Blackthorn Rd, West Tisbury, MA</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title	Home Address	<u>Sarah Flanders</u>	<u>Owner</u>	<u>31 State Road, Chilmark, MA</u>	<u>Ali Flanders</u>	<u>Owner</u>	<u>20 Blackthorn Rd, West Tisbury, MA</u>			
Name	Title	Home Address											
<u>Sarah Flanders</u>	<u>Owner</u>	<u>31 State Road, Chilmark, MA</u>											
<u>Ali Flanders</u>	<u>Owner</u>	<u>20 Blackthorn Rd, West Tisbury, MA</u>											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:	<u>Sarah Flanders Flanders</u>												
Address:	<u>31 state rd Chilmark, MA 02535</u>												
Telephone No:	<u>508-560-1408</u> Fax: _____												
Emergency Telephone No:													
13) District Or Regional Supervisor (if applicable)													
Name & Title:													
Address:													
Telephone No:													

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Food Establishment Information

14) Water Source: <u>Private Well</u> DEP Public Water Supply No: (if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation: <u>mon-sat 9-5</u>		17) No. of Food Employees: <u>3</u>	
18) Name of Person In Charge Certified in Food Protection Management: <small>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate.</small> <u>Southern Ali Sanders</u>			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No <u>N/A</u>			
20) Location: (check one) <input checked="" type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Food Service - (Seats) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (Meals/Day) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: (check one) <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:		Other (Describe) <u>-commercial kitchen - no retail.</u>	
23) Food Operations: (check all that apply):		Definitions: PHF - potentially hazardous food (time/temperature controls required) Non-PHF - non-potentially hazardous food (no time/temperature controls required) RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input checked="" type="checkbox"/> Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe):		To be completed by the Board of Health Total Permit Fee: <u>\$225</u> Payment is due with application	
<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food			

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: [Signature]

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: 84-1974658

26) Signature of Individual or Corporate Name: [Signature]