



Town of Westwood
Commonwealth of Massachusetts
BOARD OF HEALTH

Linda R. Shea, R.E.H.S., R.S., Director
Mary Beechinor, R.N., B.S.N., Public Health Nurse
Cheryl Kelly, C.F.S.P, Food Inspector
Lorraine Donovan, Administrative Assistant

Tarah S. Somers, R.N., M.S.N./M.P.H., Chairperson
Carol Ahearn, R.N., B.S.N
James M. O'Sullivan, J.D

Food Application Checklist

_____ *Completed Application for Review of Food Plans - with appropriate review fee:
0-5,000 sq. ft. - \$150.00 OR 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: www.townhall.westwood.ma.us (Board of Health/applications)

Internal Office Use:

_____ Date Received _____ Incomplete Packet _____ Complete Packet

Action Required _____