

Boston Inspectional Services Department
Division of Health Inspections
1010 Massachusetts Avenue
Boston, MA 02118
(P) 617-635-5326
(F) 617-635-5388

PLAN REVIEW PROCEDURES (for a new establishment without a current permit)

1. Fill out a Health Division Application
2. Pay appropriate fees
3. Have three(3) copies of plans for review
4. Submit one (1) copy of all new equipment specification forms from manufacturer w/NSF/UL approval. NSF standard #7 for refrigeration
5. Submit one(1) copy of menu w/consumer advisory if appropriate

AFTER HEALTH DIVISION APPROVAL

1. Submit stamped plans to Building Division w/Building Permit applications and appropriate fees
2. Building permit has to be signed off by appropriate inspectors
3. Apply/obtain the appropriate Certificate of Occupancy and/or Certificate of Inspection from Building Division
4. Bring copy of CO/CI to Health Division
5. Request a "Pre-Opening inspection from the Health Division
6. Submit a copy of the Food Manager Certification & Worker's Compensation Insurance to the Health Division
7. GOOD LUCK!!



BOSTON INSPECTIONAL SERVICES DEPARTMENT

DIVISION OF HEALTH INSPECTIONS

1010 MASSACHUSETTS AVE.

BOSTON, MA 02118

Tel (617) 635-5326 Fax (617) 635-5388

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

Fee

Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other Legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partners: <u>Name:</u> _____ <u>Title:</u> _____ <u>Address:</u> _____ _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
13) District Or Regional Supervisor (if applicable)	
Name & Title :	
Address:	
Telephone No:	Fax:

