

## **Hadley Board of Health**

100 Middle Street 1st Floor Hadley, MA 01035 Email - health@hadleyma.org Phone - 413-584-4562



## **COVID-19 TEMPORARY PERMIT FOR OUTDOOR FOOD SERVICE**

\*This is only intended for currently permitted food establishments within Hadley\*

There is no fee for this phased reopening outdoor seating waiver application

## Mail or Email the completed form to the:

Town of Hadley – Board of Health 100 Middle Street Hadley, MA 01035 or <a href="mailto:health@hadleyma.org">health@hadleyma.org</a>

Name of Establishment:	
Owner Name:	
ocation Address:	
Mailing Address (if different):	
Telephone at Establishment:	Email:
Name & Title of Applicant:	
Address of Applicant:	
Outdoor Seating Capacity:	Square Footage:
<ul> <li>On separate sheet please include a sketch of the seating plan and foot traffic plan (including tent, tent walls if planned – note that tent sides need to remain completely unobstructed)</li> <li>By the representative's initials below this, the signing agent and food establishment are attesting to compliance with the:         <ul> <li>(Initial)</li> <li>Regulatory standards for "MA COVID-19 Checklist" for restaurants.</li> <li>The "MA COVID-19 Circular" for restaurants.</li> </ul> </li> </ul>	
compliance with the provisions of 105CMR	e information provided in this application. Furthermore, I affirm 590.000 Minimum Sanitation standards for Food Establishments and FDA tain the above described establishment in accordance with these nority access as specified in this code.
Signature:	Date:
Signature of Corporate Officer (if applicable)	Social Security or Federal ID #:
Pursuant to M.G.L. Ch. 62C., Sec.49A, I certinate have filed all State tax returns and paid all S	fy under the penalties of perjury that I, to my best knowledge and belief, state taxes required under law.

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