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 health@hadleyma.org

Name of Establishment: ____________________________________________________________
Owner Name: ___________________________________________________________________
Location Address: __________________________________________________________________
Mailing Address (if different): _______________________________________________________
Telephone at Establishment: _____________________________________ Email: ______________
Name & Title of Applicant: ___________________________________________________________________
Address of Applicant: ___________________________________________________________________
Name of Owner (if different than applicant): ____________________________________________

Outdoor Seating Capacity: ___________  Square Footage: ________________

☐ 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)

☐ By the representative’s initials below this, the signing agent and food establishment are attesting to compliance with the:

(Initial)
_____ Regulatory standards for “MA COVID-19 Checklist” for restaurants.
_____ The “MA COVID-19 Circular” for restaurants.

By signing this I attest to the accuracy of the information provided in this application. Furthermore, I affirm compliance with the provisions of 105CMR 590.000 Minimum Sanitation standards for Food Establishments and FDA 1999 Food Code and will operate and maintain the above described establishment in accordance with these regulations. I also allow the regulatory authority access as specified in this code.

Signature: ________________________________ Date: __________________

Signature of ______________________ Social Security or Federal ID #: _____________________
Corporate Officer (if applicable)

Pursuant to M.G.L. 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 all State taxes required under law.

Updated: 6/2020