



TOWN OF TOPSFIELD - BOARD OF HEALTH
 8 West Common Street
 Topsfield, MA 01983
 (978) 887-1520 phone ~ (978) 887-1521 fax

FOOD ESTABLISHMENT PERMIT APPLICATION
(Application due 30 days before the planned opening date)

Check One:

- Temporary Permit (permit is valid for 1-4 days) \$50
 - Temporary + 4 Permit (permit is valid for 4-14 days) \$20 a day
 - Annual Permit (permit expires 12/31) \$75
 - Add to list of available food vendors for Event Coordinators to contact (not checked, not added)
- Please make checks payable to the Town of Topsfield

Name of Event(s)	Location	Dates of Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. Establishment Name: _____
2. Establishment Address: _____
3. Establishment Mailing Address (if different): _____
4. Telephone #: _____ Fax #: _____
5. Email address: _____
5. Establishment Owned By:
 - An Association A Corporation An Individual A Partnership Other Legal Entity
6. Owner Name & Title (if different from applicant): _____
7. Owner Address (if different from applicant): _____
8. If a corporation or partnership, give name, title, and home address of officers or partner:
 - o Name & Title: _____
 - o Home Address: _____
9. Person Directly Responsible for Daily Operations (Owner, Person in Charge, Spvr, Mgr, etc.):
 - o Name & Title: _____
 - o Address: _____
 - o Telephone #: _____ Fax #: _____
 - o Emergency Telephone #: _____
10. District or Regional Supervisor (if applicable):
 - o Name & Title: _____
 - o Address: _____
 - o Telephone #: _____ Fax #: _____
11. Applicant Name & Title: _____
12. Applicant Address: _____
13. Applicant Telephone #: _____ 24 Hour Emergency #: _____
14. Days and Hours of Operation: _____
15. Water Source: _____ DEP Public Water Supply # (if applicable): _____
16. Sewage Disposal: _____
17. No. of Food Employees: _____
18. Name of Person In Charge Certified in Food Protection Management
(Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificate):

19. Person Trained in Anti-Choking Procedures (if 25 seats or more): Yes No
20. Location: Permanent Structure Mobile

(Over)

Food Establishment Permit Application

21. Food Operations (Check all that apply):

Definitions: *PHF* - Potentially hazardous food (time/temperature controls required)

Non-PHF's - 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-PHF's	<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 PHF's	<input type="checkbox"/> Preparation of PHF's 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 PHF's	<input type="checkbox"/> Vacuum Packaging/Cook Chill	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer
<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 type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Svc
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	
<input type="checkbox"/> Other (Describe):		

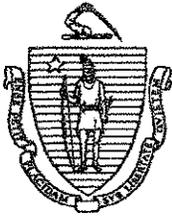
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the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

22. Signature of Applicant: _____

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.

23. Social Security Number or Federal ID: _____

24. Signature of Individual or Corporate Name: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Massachusetts Department of Public Health
Food Protection Program
Temporary Food Establishment Operations

Are You Ready?

Use this guide as a checklist to verify compliance with MA food safety regulations.

- Application** Submit a completed temporary food establishment application to the Local Board of Health a minimum of 30 days prior to the event.

FOOD & UTENSIL STORAGE AND HANDLING

- Dry Storage** Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.
- Cold Storage** Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the board of health for storage of less hazardous foods, or use at events of short duration.
- Hot Storage** Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.
- Thermometers** Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.
- Wet Storage** Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.
- Food Display** Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.

Post consumer advisories for raw or undercooked animal foods.
- Food Preparation** Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the board of health to prevent bare hand contact with ready-to-eat food.

Protect all storage, preparation, cooking and serving areas from contamination.

Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchens.

PERSONNEL

- Person in Charge** There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local board of health for food protection management certification requirements.
- Handwashing** A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120°F. A handwashing sign must be posted.
- Health** The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected cuts and lesions on fingers or hands must be covered and protected with waterproof materials.

Hygiene

Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

CLEANING AND SANITIZING

Warewashing

A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.

The board of health may require additional sets of utensils if warewashing sinks are not easily accessible.

Sanitizing

Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.

Wiping Cloths

Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

WATER

Water Supply

An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.

Wastewater Disposal

Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

PREMISES

Floors

Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.

Walls & Ceilings

Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.

Lighting

Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.

Counters/Shelving

All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.

Trash

Provide an adequate number of cleanable containers inside and outside the booth.

Restrooms

Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.

Clothing

Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

Need more information on food safety and MA food regulations

www.mass.gov/dph/fpp

Retail Food Information

http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

www.foodsafety.gov

Gateway to Government Food Safety Information