DIVISION OF HEALTH INSPECTIONS
PROCEDURES FOR APPLYING FOR A HEALTH PERMIT

PLAN REVIEW PROCEDURES (for establishments being constructed)
(BY APPOINTMENT ONLY)

1. Complete a Health Division Application
2. Pay Health Division fees
3. Have four (4) sets of plans
4. Submit one (1) copy of all new equipment specification forms from manufacturer w/NSF/UL approval. NSF standard #7 for refrigeration
5. Complete and submit a Food Plan Review Worksheet
6. Submit one (1) copy of menu w/consumer advisory (if appropriate)
7. Submit signed plans to the Building Division with Building Permit applications and appropriate fees
8. Building permit must be signed off by inspectors
9. Proceed to next session

APPLYING FOR A PERMIT
(APPLICATIONS ARE ACCECPTED IN PERSON ONLY)

1. Apply/obtain the appropriate Certificate of Occupancy and/or Certificate of Inspection from Building Division
2. Bring copy of Certificate of Occupancy and Certificate of Inspection to the Health Division
3. Complete the Health Division application
4. Submit a copy of the Fulltime onsite Food Manager Certification and Allergen Awareness Certification
5. Submit common Victuallers License (for Restaurant only)
6. Pay Health Fees and request a “Pre-Opening inspection from the Health Division

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: ☐ An association ☐ A corporation ☐ An individual ☐ A partnership ☐ Other Legal entity _____	**11) If a corporation or partnership, give name, title and home address of officers or partners:** Name: Title: Address:
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:

14) Source of Water _____
Sewage Disposal

15) Rubbish Disposal Co. _____
Rendering Co. (For Grease)

16) Days and Hours of Operation:

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:

(check one)

☐ Permanent Structure

☐ Mobile

Reg.#: _____

Base of Operation:

22) Length of Permit:

(check one)

☐ Annual

☐ Seasonal/Dates

_____

☐ Temporary/Dates/Time

_____

21) Establishment Type *(check all that apply)*

☐ Retail (sq.ft)

☐ Food Service (Seats)

☐ Food Service-Takeout

☐ Food Service-Institution

(Meals/Day)

(Beds)

☐ Caterer

☐ Food Delivery

☐ Mobile Food

☐ Mobile Food Walk-on

☐ Bakery

☐ Frozen Dessert Manufacturer

Other *(Describe):*

_____

_____

23) Food Operations:
(check all that apply):

Definitions: ***PHF-potentially hazardous food (time/temperatures 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)

☐ Commercially Pre-Packaged Non-PHF's	☐ PHF Cooked To Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
☐ Commercially Pre-Packaged PHFs	☐ Preparation of PHFs For Hot And Cold Holding For Single Meal Service	
☐ Preparation of Non-PHFs	☐ Sale of Raw Animal Foods Intended to be Prepared by Consumer	☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Reheats Commercially Processed Food for service within 4 hours	☐ Customer Self-Service	
☐ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	☐ Ice Manufactured and Packaged for Retail Sale	☐ Vacuum Packaging/Cook Chill
☐ Delivers Food Within 1 Hour of Preparation	☐ Juice Manufactured and Packaged for Retail Sale	☐ Use Of Process Requiring a Variance and/or HAACP Plan
Other (Describe): _____ _____	☐ Offers RTE PHF in Bulk Quantities	☐ Offers Raw or Undercooked Food of Animal Origin
	☐ Retail Sale of Salvage, Out-of Date or Reconditioned Food	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service

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 1999 Food Code.

24) 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.

25) Federal ID: _____

26) 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 a 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 #:_____