



Procedure for Applying for a Food Establishment Permit Application

Section 1 - Plan Review

In-person, by appointment only

⇨ **Begin here if one of the following is true:** (If none of the following apply, move to Section 2)

- Restaurant being built
- Construction, renovation, or layout changes
- New equipment

Required Materials:	Steps:
<ul style="list-style-type: none"><input type="checkbox"/> Food Establishment Permit Application<input type="checkbox"/> Plan Review Worksheet<input type="checkbox"/> 2 copies of floor plans<input type="checkbox"/> Equipment specifications (NSF/UL or equivalent)<input type="checkbox"/> Menu<input type="checkbox"/> Payment	<ol style="list-style-type: none">1. Ensure you have collected and completed all materials, documents, and information listed2. Schedule a Plan Review appointment with ISD by calling 617-635-5326 or email ISDHealth@boston.gov3. Bring all listed documents printed and completed to your scheduled appointment in addition to payment for applicable fees

Section 2 - Applying for a Permit

In-person or online via email

⇨ **Begin here if one of the following is true:**

- Existing restaurant with no change
- New ownership

Required Materials:	Steps:
<ul style="list-style-type: none"><input type="checkbox"/> Food Establishment Permit Application<input type="checkbox"/> Worker's Comp Insurance Affidavit<input type="checkbox"/> Federal Tax ID (EIN Number)<input type="checkbox"/> Food Protection Manager Certificate (CFPM)<input type="checkbox"/> Certificate of Occupancy (CO) / Certificate of Inspection (CI)<input type="checkbox"/> Common Victualler License (CV)<input type="checkbox"/> Allergen Certificate<input type="checkbox"/> Signed Lease Agreement	<ol style="list-style-type: none">1. Ensure you have collected and completed all materials, documents, and information listed. You can bring materials to your appointment or email them ahead of time.2. Obtain CO or CI from ISD Building Division - visit: www.boston.gov/departments/inspectional-services for more information3. Schedule appointment with ISD by calling 617-635-5326 or email ISDHealth@boston.gov

1010 Massachusetts Ave, 4th Floor, Boston MA 02118

Tel: (617) 635-5326 Fax: (617) 635-5388 Email: ISDHealth@boston.gov Website: www.boston.gov



Food Establishment Permit Application

For Board of Health Use Only				
Date Received	Date Inspected	Approved By	Permit # Issued	Fee

1 Business Name: (This is the name displayed to the public on the exterior of your establishment - i.e. "McDonalds", not "McDonalds Corp")		
2 Business Address: (This is the physical address of your establishment displayed to the public)		
3 Business Mailing Address: (If different than above)		
4 Business Phone Number: (Public number to customers)		
5 Applicant Name & Title:		
6 Applicant Address:		
7 Applicant Phone Number:		
8 Applicant Email:		
9 Establishment Owned By:		If a <u>Corporation</u> or <u>Partnership</u>, list the name, title, and home address of officers or partners:
<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		Name Title Address _____ _____ _____
10 Business Owner and Title: (Corporation name)		
11 Business Owner Address: (Corporation address)		
12 Person Directly Responsible for Daily Operations (Owner, Person In Charge, Supervisor, Manager, etc)		
Name & Title:		
Address:		
Phone Number:		
Emergency Phone Number:		
13 District or Regional Supervisor (if applicable)		
Name & Title:		
Address:		
Phone Number:		

14	Source of Water Sewage Disposal:		
15	Rubbish Disposal Company / Rendering Company (for grease)		
16	Days and Hours of Operation: <input type="checkbox"/> Sunday Hours: _____ <input type="checkbox"/> Monday Hours: _____ <input type="checkbox"/> Tuesday Hours: _____ <input type="checkbox"/> Wednesday Hours: _____ <input type="checkbox"/> Thursday Hours: _____ <input type="checkbox"/> Friday Hours: _____ <input type="checkbox"/> Saturday Hours: _____		
17	Number of Food Employees:		
18	Name of Person In Charge Certified in Food Protection Management: Please attach copy of certificate		
19	Do you have a person trained in anti-choking procedures? (If 25 seats or more)		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Establishment Type (Check all that apply)		
	<input type="checkbox"/> Retail sq. feet _____ <input type="checkbox"/> Food Service # of seats _____ <input type="checkbox"/> Food Service Takeout <input type="checkbox"/> Food Service-Institution Meals/Day _____ Beds _____ <input type="checkbox"/> Caterer (Staff serving food - not just delivery of large quantities of food)	<input type="checkbox"/> Food Delivery <input type="checkbox"/> Mobile Food (Ex: push cart) <input type="checkbox"/> Mobile Food Walk-on (Ex: Food truck or trailer) <input type="checkbox"/> Bakery <input type="checkbox"/> Frozen Desert Manufacturer <input type="checkbox"/> Other - Describe: _____ _____ _____	

TCS - Time/temperature controlled for safety

TCS foods must be kept out of the temperature danger zone (41 F - 135 F). Most common TCS foods include: meat products, eggs, fish and shellfish, dairy, cream, or custard, cooked vegetables, potato dishes, protein-rich plants, raw sprouts, cut leafy greens, cut garlic in oil, sliced melons, and tomatoes.

Non-TCS - No time/temperature controlled required

Non-TCS foods do not support the growth of disease-causing bacteria. Common Non-TCS foods include: dry goods, dry cereals, dehydrated foods, cookies, candy, popcorn, potato chips, canned sodas.

RTE - Ready-to-eat foods

RTE foods that do not need to be cooked or reheated before serving. RTE foods include: sandwiches, salads, muffins.

21	Do you sell TCS food cooked to order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22	Do you deliver food within 1 hour of preparation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23	Do you prepare TCS food for hot and cold holding for single meal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24	Do you prepare hot TCS food either cooked and cooled or hot held for more than a single meal service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25	Do you reheat commercially processed foods for service within 4 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26	Do you prepare Non-TCS food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27	Do you sell commercially prepackaged food? Check all that apply:	<input type="checkbox"/> Non-TCS	<input type="checkbox"/> TCS
28	Do you manufacture and package ice for retail sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29	Do you manufacture and package juice for retail sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30	Do you sell raw animal foods <u>intended to be prepared by consumers</u> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31	Do you <u>serve</u> raw or undercooked food of animal origin?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
32	Are you preparing food/single meals for catered events or institutional food service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33	Are you preparing food for a highly susceptible population facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34	Do conduct retail sales of salvaged, out-of-date, or reconditioned food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35	Do you offer customer self service? Check all that apply:	<input type="checkbox"/> TCS	<input type="checkbox"/> Non-TCS <input type="checkbox"/> RTE
36	Do you use a process that requires a variance and/or a HACCP plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
37	Do you vacuum pack food on-site or cook/chill products on-site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

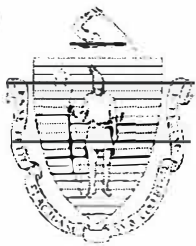
I, undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal 2013 Food Code and 2015 supplement.

Signature of Applicant: _____

Pursuant to MGL Ch 62C, sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.

Federal ID / EIN Number: _____

Signature of Individual or Corporate Name: _____



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|---|--|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

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

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

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

Insurance Company Name: _____

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

Job Site Address: _____ City/State/Zip: _____

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 (check one):

1. ☐ Board of Health 2. ☐ Building Department 3. ☐ City/Town Clerk 4. ☐ Electrical Inspector 5. ☐ Plumbing Inspector 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 sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." 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
Lafayette City Center, 2 Avenue de Lafayette
Boston, MA 02111-1750

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