



申请餐饮场所许可证的程序

第 1 部分 - 申请许可证

亲自到场申请或通过电子邮件在线申请

⇒ 在向公众提供食品之前，每个场所都需要餐饮场所许可证和检查。

您需要的材料:	步骤:
<input type="checkbox"/> 餐饮场所许可证申请表 <input type="checkbox"/> 工伤赔偿保险证明书 <input type="checkbox"/> 联邦税号 (雇主识别号码 (EIN)) <input type="checkbox"/> 食品保护经理证书 (CFPM)	<ol style="list-style-type: none"> 1. 确保您已收集并完成所列的所有材料、文件和信息。您可以将材料带到预约地点或提前通过电子邮件发送。 2. 致电 617-635-5326 或发送电子邮件至 ISDHealth@boston.gov 与 ISD Health 预约

第 2 部分 - 计划审查

亲自到场，仅限预约

⇒ 除食品许可证和检查外，如果出现以下任一情况，您还需要进行计划审查：

- 正在建设新餐馆
- 对现有场所进行施工、翻修或布局更改
- 新设备或菜单变更

您需要的材料:	步骤:
<input type="checkbox"/> 计划审查工作表 <input type="checkbox"/> 2 份楼层平面图 (按比例绘制) <input type="checkbox"/> 设备规格 (NSF/UL 或同等认证) <input type="checkbox"/> 菜单 <input type="checkbox"/> 付款	<ol style="list-style-type: none"> 1. 确保您已收集并完成所列的所有材料、文件和信息 2. 通过电话或电子邮件与 ISD Health 安排计划审查预约 3. 在预约时携带所有列出的已打印并填写完整的文件，并支付相关费用 4. 在计划审查期间，工作人员将详细查看您的经营场所的规格要求和菜单 5. 计划审查结束后，将您的加盖印章的计划带到 ISD Building 进行审核，并就所需的其他许可证提供指导



申请餐饮场所许可证的程序

第 3 部分 - 开业检查

亲自到场，仅限预约

⇒ 在向公众开放之前，您需要通过开业检查。除开业检查外，餐饮场所每年还要接受 1-3 次检查。

您需要的材料:	步骤:
<ul style="list-style-type: none"><input type="checkbox"/> 已付所有费用<input type="checkbox"/> 过敏原证明<input type="checkbox"/> 占用证明 (CO)<input type="checkbox"/> 检查证明 (CI)<input type="checkbox"/> 普通餐饮业主执照 (CV) (如果适用)	<ol style="list-style-type: none">1. 致电 617-635-5326 或发送电子邮件至 ISDHealth@boston.gov 与 ISD Health 预定开业检查2. 检查时，一切都应准备就绪，可以开始营业。您应该做好万全准备，以便检查员一离开，您就能立即接待第一位顾客。

需要帮助?

如有任何问题或疑虑，请通过电话或电子邮件联系 ISD Health。

工作人员将与企业主会面，根据他们的具体情况指导他们完成整个流程，并帮助他们更好地了解自己需要什么。

电话: (617) 635-5326

传真: (617) 635-5388

电子邮件: ISDHealth@boston.gov

Division of Health Inspections
1010 Massachusetts Ave.
Boston, MA 02118

办公时间: 周一至周五, 上午 8 点至下午 4 点



申请程序

仅供卫生委员会使用				
收到日期	检查日期	批准人	发放的许可证编号	费用:

1 企业名称: <i>(这是向公众展示在您店面外部的名称, 例如“麦当劳”, 而非“麦当劳公司”)</i>	
2 营业地址: <i>(这是贵机构展示给公众的实际地址)</i>	
3 企业邮寄地址: <i>(如果与上述不同)</i>	
4 企业电话号码: <i>(对外公开电话)</i>	
5 申请人姓名及职务:	
6 申请人地址:	
7 申请人电话号码:	
8 申请人电子邮箱:	
9 所有者: <input type="checkbox"/> 协会 <input type="checkbox"/> 公司 <input type="checkbox"/> 个人 <input type="checkbox"/> 合伙企业 <input type="checkbox"/> 其他法律实体	如果是公司或合伙企业, 请列出高管或合伙人的姓名、职务及家庭住址: 姓名 职称 地址 _____ _____ _____
10 企业主及职务: <i>(公司名称)</i>	
11 企业主地址: <i>(公司地址)</i>	
12 日常运营直接负责人 <i>(所有者、负责人、经理等)</i>	
姓名和职务:	
地址:	
电话号码:	
紧急电话号码:	
13 地区或区域主管 <i>(如适用)</i>	
姓名和职务:	
地址:	
电话号码:	

14 水源及污水处理方式:	
15 垃圾处理公司/ 油脂处理公司	
16 营业日期和时间:	
<input type="checkbox"/> 星期日	营业时间: _____
<input type="checkbox"/> 星期一	营业时间: _____
<input type="checkbox"/> 星期二	营业时间: _____
<input type="checkbox"/> 星期三	营业时间: _____
<input type="checkbox"/> 星期四	营业时间: _____
<input type="checkbox"/> 星期五	营业时间: _____
<input type="checkbox"/> 星期六	营业时间: _____
17 食品从业人员数量:	
18 负责人姓名已取得的证书 食品安全管理: <small>请附上证书副本</small>	
19 您是否有接受过防止 噎食操作培训的人员? <small>(如果座位数为25个或以上)</small>	
<input type="checkbox"/> 是	<input type="checkbox"/> 否
20 企业类型 <small>(请勾选所有适用项)</small>	
<input type="checkbox"/> 零售	面积 (平方英尺): _____
<input type="checkbox"/> 餐饮服务	座位数 _____
<input type="checkbox"/> 食品外卖服务	
<input type="checkbox"/> 机构性餐饮服务	
	餐/天 _____
	床位 _____
<input type="checkbox"/> 外烩服务商 <small>(提供餐饮服务的工作人员—— 不仅仅是配送大量食物)</small>	
<input type="checkbox"/> 食品配送	
<input type="checkbox"/> 流动餐车 <small>(例如: 推车)</small>	
<input type="checkbox"/> 可进入式流动餐车 <small>(例如: 餐车或拖挂式餐车)</small>	
<input type="checkbox"/> 面包店	
<input type="checkbox"/> 冷冻甜品生产商	
<input type="checkbox"/> 其他 - 描述:	_____

温控食品 - 时间/温度控制以确保安全

温控食品必须保持在安全温度范围之外 (41°F - 135°F)。最常见的温控食品包括: 肉类产品、蛋类、鱼和贝类、乳制品、奶油或布丁、熟蔬菜、土豆菜肴、富含蛋白质的植物、生芽菜、切叶菜、油浸蒜片、切片瓜果和番茄。

非温控食品 - 不需要时间/温度控制

非温控食品不易生致病菌。常见的非温控食品包括: 干货、干谷物、脱水食品、饼干、糖果、爆米花、薯片、罐装汽水。

即食食品

即食食品是不需要在上菜前烹饪或加热的食品。即食食品包括: 三明治、沙拉、松饼。

1010 Massachusetts Ave, 4th Floor, Boston MA 02118

电话: (617) 635-5326 传真: (617) 635-5388 电子邮箱: ISDHealth@boston.gov 网站: www.boston.gov

21 你们是否出售按订单烹饪的温控食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
22 贵店是否在食物做好后 1 小时内进行配送？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
23 贵店是否为单次用餐使用需要冷热保存的温控食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
24 贵店是否使用热的温控食品，并对其进行烹饪后冷却或保持加热状态？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
25 贵店是否在 4 小时内将商业加工食品重新加热后提供？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
26 贵店是否使用非温控食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
27 贵店是否销售商业预包装食品？ (请勾选所有适用项)	<input type="checkbox"/> 是	<input type="checkbox"/> 否
28 贵店是否制造和包装冰以用于零售？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
29 贵店是否生产并包装冰块用于零售销售？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
30 贵店是否销售需由消费者自行加工的 <u>生动物性食品</u> ？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
31 贵店提供生制或未煮熟的动物性食品吗？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
32 贵店是否为宴会活动或机构餐饮服务准备食物/单次餐点？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
33 贵店是否为高易感人群场所准备食物？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
34 贵店是否零售回收、过期或翻新食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
35 贵店是否为顾客提供自助服务？ (请勾选所有适用项) <input type="checkbox"/> 温控食品	<input type="checkbox"/> 是	<input type="checkbox"/> 否
36 贵店是否使用需要申请变更许可和/或制定危害分析与关键控制点 (HACCP) 计划的工艺？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
37 贵店是否在现场进行真空包装或现场烹饪/冷却食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否

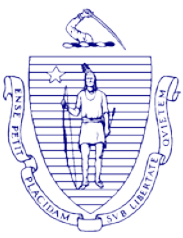
我，签名人，证明本申请中提供的信息的准确性，并确认食品经营将遵守 105 CMR 590.000 及所有其他适用法律。卫生委员会已指导我如何获取 105 CMR 590.000 及 2013 年联邦食品法典和 2015 年补充的副本。

申请人签名: _____

根据《马萨诸塞州普通法典》第 62C 章第 49A 条规定，我在此郑重声明，在法律规定的惩罚下，据我所知和信念，我已提交所有州税申报表并缴纳法律要求的州税。

联邦 ID/EIN 号码: _____

个人或公司名称签名: _____



**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: 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 § 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. 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia