



申請餐飲營業場所許可證的程序

第 1 部分 - 申請許可證

親自到場申請或透過電子郵件線上申請

⇒ 在向公眾提供食品之前，每個場所都需要餐飲場所許可證和檢查。

您需要的資料：	步驟：
<input type="checkbox"/> 餐飲場所許可證申請表 <input type="checkbox"/> 勞工職災保險切結書 <input type="checkbox"/> 聯邦稅號（僱主識別號碼 (EIN)） <input type="checkbox"/> 食品保護經理證書 (CFPM)	<ol style="list-style-type: none"> 1. 請確保您已準備並填妥所有列出的文件與資料。您可以於預約時攜帶相關文件，或提前透過電子郵件發送。 2. 致電 617-635-5326 或傳送電子郵件至 ISDHealth@boston.gov 與 ISD Health 預約

第 2 部分 - 圖審

親自到場，僅限預約

⇒ 除食品許可證和檢查外，如果有以下任一情況，您還需要進行圖審：

- 正在建設新餐館
- 對現有場所進行施工、翻修或佈局更改
- 新設備或菜單變更

您需要的資料：	步驟：
<input type="checkbox"/> 圖審申請表 <input type="checkbox"/> 2 份樓層平面圖 （按比例繪製） <input type="checkbox"/> 設備規格 （NSF/UL 或同等認證） <input type="checkbox"/> 菜單 <input type="checkbox"/> 付款	<ol style="list-style-type: none"> 1. 確保您已收集並完成所列的所有資料、文件和資訊 2. 透過電話或電子郵件與 ISD Health 安排圖審預約 3. 於預約時間前往時，請攜帶所有列出之紙本填妥文件，並繳納相關費用 4. 在圖審期間，工作人員將詳細查看您的經營場所的規格要求和菜單 5. 圖審結束後，請攜帶已蓋章的設計圖至 ISD 大樓進行審查，並就所需的其他許可證提供指導



申請餐飲營業場所許可證的程序

第 3 部分 - 開業檢查

親自到場，僅限預約

⇒ 在向公眾開放之前，您需要通過開業檢查。除開業檢查外，餐飲場所每年還要接受 1-3 次檢查。

您需要的資料：	步驟：
<ul style="list-style-type: none"><input type="checkbox"/> 已付所有費用<input type="checkbox"/> 過敏原證明<input type="checkbox"/> 佔用證明 (CO)<input type="checkbox"/> 檢查證明 (CI)<input type="checkbox"/> 一般餐飲業許可證 (CV) (如果適用)	<ol style="list-style-type: none">1. 致電 617-635-5326 或傳送電子郵件至 ISDHealth@boston.gov 與 ISD Health 預定開業檢查2. 檢查時，一切都應準備就緒，可以開始營業。您應完全準備就緒，以便在檢查員離開時，您可以為第一位顧客提供服務。

需要幫助？

如有任何問題或疑慮，請透過電話或電子郵件聯絡 ISD Health。

工作人員將與企業主會面，根據他們的具體情況指導他們完成整個流程，並幫助他們更好地了解自己需要什麼。

電話：(617) 635-5326

傳真：(617) 635-5388

電子郵件：ISDHealth@boston.gov

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

辦公時間：週一至週五，上午 8 點至下午 4 點



程序

僅供衛生委員會使用				
接收日期	檢查日期	批准人	發牌號碼	費用

1 商業名稱： <i>(此名稱為顯示於店舖外部的對外名稱，例如「麥當勞」，而非「麥當勞公司」)</i>	
2 營業地址： <i>(此為顯示給公眾的店舖實際地址)</i>	
3 商業郵寄地址： <i>(如與上述地址不同)</i>	
4 商業電話號碼： <i>(供顧客使用的公開電話號碼)</i>	
5 申請人姓名及職務：	
6 申請人地址：	
7 申請人電話號碼：	
8 申請人電郵：	
9 店舖所有者： <input type="checkbox"/> 協會 <input type="checkbox"/> 公司 <input type="checkbox"/> 個人 <input type="checkbox"/> 合夥企業 <input type="checkbox"/> 其他法律實體	如為公司或合夥企業，請列出高管或合夥人的姓名、職務及家庭住址： 姓名 職務 地址 _____ _____ _____
10 業主及職務： <i>(公司名稱)</i>	
11 業主地址： <i>(公司地址)</i>	
12 日常營運直接負責人 <i>(業主、負責人、經理等)</i>	
姓名和職務：	
地址：	
電話號碼：	
緊急聯絡電話：	
13 區域或地區主管 <i>(如適用)</i>	
姓名和職務：	
地址：	
電話號碼：	

14 水源及污水處理方式：	
15 垃圾處理公司/ 油脂處理公司	
16 營業日期及時間：	
<input type="checkbox"/> 週日營業時間：_____	
<input type="checkbox"/> 週一	營業時間：_____
<input type="checkbox"/> 週二	營業時間：_____
<input type="checkbox"/> 週三	營業時間：_____
<input type="checkbox"/> 週四	營業時間：_____
<input type="checkbox"/> 週五	營業時間：_____
<input type="checkbox"/> 週六	營業時間：_____
17 食品從業人員數量：	
18 負責人姓名已取得的證書 食品安全經理： 請附上證書副本	
19 您是否有接受過 防噎食操作培訓的人員？ (如有 25 個座位或以上)	
<input type="checkbox"/> 是	<input type="checkbox"/> 否
20 餐飲場所類型 (可複選)	
<input type="checkbox"/> 零售	面積 (平方英尺)：_____
<input type="checkbox"/> 餐飲服務	座位數量 _____
<input type="checkbox"/> 外賣餐飲服務	
<input type="checkbox"/> 機構性餐飲服務	
	每日餐數 _____
	床位數 _____
<input type="checkbox"/> 外燴服務商 (提供餐飲服務的工作人員 ——不僅是配送大量食物)	
<input type="checkbox"/> 餐飲配送	
<input type="checkbox"/> 流動餐飲 (例如：手推餐車)	
<input type="checkbox"/> 可步入式流動餐車 (例如：食物車或拖車)	
<input type="checkbox"/> 麵包店	
<input type="checkbox"/> 冷凍甜點製造商	
<input type="checkbox"/> 其他 - 請說明：	_____

TCS 食品 - 時間/溫度控制以確保安全

TCS 食品必須存放於溫度危險區間 (41°F 至 135°F) 以外。最常見的 TCS 食品包括：肉類製品、蛋類、魚類及貝類、乳製品、奶油或蛋奶糕、熟製蔬菜、馬鈴薯製品、蛋白質豐富的植物類、生芽菜、已切割的葉菜、油浸蒜片、切塊瓜果及番茄。

非 TCS 食品 - 無需時間/溫度控制

非 TCS 食品不會助長致病細菌滋生。常見的非 TCS 食品包括：乾貨、乾穀物、脫水食品、餅乾、糖果、爆米花、薯片、罐裝汽水等。

RTE - 即食食品

即食食品指無需烹煮或加熱即可直接食用的食品。即食食品示例：三明治、沙律、鬆餅等。

1010 Massachusetts Ave, 4th Floor, Boston MA 02118

電話：(617) 635-5326 傳真：(617) 635-5388 電子郵箱：ISDHealth@boston.gov 網站：www.boston.gov

21 貴店是否有提供即點即製的 TCS 食品（需溫控食品）？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
22 貴店是否在食品製作完成後 1 小時內提供送遞服務？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
23 貴店是否為單次餐飲服務提供需熱存或冷存的 TCS 食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
24 貴店是否提供需熱存的 TCS 食品（經烹煮後冷藏或熱存處理）？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
25 貴店是否會在 4 小時內翻熱預先包裝食品以供食用？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
26 貴店是否製作非 TCS 食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
27 貴店是否銷售商業預包裝食品？ 可複選：	<input type="checkbox"/> 是	<input type="checkbox"/> 否
28 貴店是否生產及包裝食用冰作零售用途？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
29 貴店是否生產及包裝果汁作零售用途？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
30 貴店是否銷售供消費者自行加工的生鮮動物性食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
31 貴店是否供應生或未經徹底煮熟的動物源性食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
32 貴店是否為到會活動或機構膳食服務提供食品/單次餐飲準備？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
33 貴店是否為高度易感人群機構提供食品製備服務？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
34 貴店是否從事回收、過期或翻新食品的零售業務？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
35 貴店是否提供顧客自助服務？ 可複選： <input type="checkbox"/> TCS	<input type="checkbox"/> 是	<input type="checkbox"/> 否
36 貴店是否使用需要申請變更許可和/或制定 HACCP 計劃的工藝？	<input type="checkbox"/> 是	<input type="checkbox"/> 否
37 貴店是否在現場進行真空包裝或現場烹調/冷卻食品？	<input type="checkbox"/> 是	<input type="checkbox"/> 否

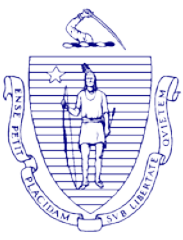
本人（簽名人）特此聲明，本申請中所提供的信息準確無誤，並確認該餐飲場所的運營將遵守 105 CMR 590.000 及所有其他適用法律。我已獲衛生委員會指導，了解如何獲取 105 CMR 590.000 以及聯邦 2013 年《食品規範》和 2015 年補充文件的副本。

申請人姓名 _____

根據《馬薩諸塞州普通法典》第 62C 章第 49A 條規定，我在偽證刑責下證明，據我所知和信念，我已提交所有州稅申報表並繳納法律要求的州稅。

聯邦稅務識別號（EIN 編號）：_____

個人或公司簽名：_____



**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