



## Prusidimentu pa Pidi un Lisénsa pa Stabelesimentu Alimentar

### Sekson 1 – Pididu di Lisénsa

Prizensialmenti ô online pa email

⇒ **Tudu stabelesimentu ta meste un Lisénsa pa Stabelesimentu Alimentar y un inspeson antis di sirbi kumida pa públiku.**

Kuzê ki bu ta meste:	Pasus:
<ul style="list-style-type: none"><li><input type="checkbox"/> Pididu di Lisénsa pa Stabelesimentu Alimentar</li><li><input type="checkbox"/> Diklarason Juramentadu di Seguru di Asidenti di Trabadju</li><li><input type="checkbox"/> Númeru di Identifikason Fiskal Federal (EIN)</li><li><input type="checkbox"/> Sertifikadu di Jestor di Pruteson Alimentar (CFPM)</li></ul>	<ol style="list-style-type: none"><li>1. Sertifika ma bu tene y ma bu prenxe tudu matirial, dukumentu y informason indikadu. Bu pode traze matirial pa bu óra markadu ô manda pa email antis.</li><li>2. Marka un óra ku <i>ISD Health</i>; txoma pa númeru <b>617-635-5326</b> ô manda un email pa <b>ISDHealth@boston.gov</b>.</li></ol>

### Sekson 2 – Análizi di Planu

Prizensialmenti, sô ku óra markadu

⇒ **Alén di lisénsa alimentar y inspeson, bu ta meste un análizi di planu, si un di sigintis situason é verdadi:**

- Sa ta konstruídu un ristoranti nóvu
- Konstruson, rimudelason, ô alterason na planta di un stabelesimentu ki dja izisti
- Ekipamentu nóvu ô mudansas na menu

Kuzê ki bu ta meste:	Pasus:
<ul style="list-style-type: none"><li><input type="checkbox"/> Fixa di Análizi di Planu</li><li><input type="checkbox"/> 2 kópia di planta (dizenhadu a skala)</li><li><input type="checkbox"/> Spisifikason di ekipmentu (NSF/UL ô ekivalenti)</li><li><input type="checkbox"/> Menu</li><li><input type="checkbox"/> Pagamentu</li></ul>	<ol style="list-style-type: none"><li>1. Sertifika ma bu tene y ma bu prenxe tudu matirial, dukumentu y informason indikadu</li><li>2. Marka un óra pa Análizi di Planu ku <i>ISD Health</i>, pa telefóni ô email</li><li>3. Trazu tudu dukumentu, inprimidu y prenxedu, pa bu óra markadu, alén di pagamentu pa taxas aplikável</li><li>4. Duranti Análizi di Planu, funionáriu ta reve spisifikasons pa bu stabelesimentu kumersial y menu</li><li>5. Dipos di análizi di planu, traze bus planu karinbadu pa <i>ISD Building</i> pa rivizon y orientason sobri otus lisénsa nisisáriu</li></ol>

1010 Massachusetts Ave, 4th Floor, Boston MA 02118

Tel: (617) 635-5326

Fáks: (617) 635-5388

Email: [ISDHealth@boston.gov](mailto:ISDHealth@boston.gov)

Website: [www.boston.gov](http://www.boston.gov)



## Prusidimentu pa Pidi un Lisénsa pa Stabelesimentu Alimentar

### Sekson 3 - Inspeson di Abertura

Prizensialmenti, sô ku óra markadu

⇒ **Antis di bu abri pa públiku, bu ten ki pasa un inspeson di abertura. Alén di inspeson di abertura, stabelesimentus alimentar ta fazedu inspeson 1-3 bês pa anu.**

Kuzê ki bu ta meste:	Pasus:
<ul style="list-style-type: none"><li><input type="checkbox"/> Tudu taxa pagu</li><li><input type="checkbox"/> Sertifikadu di Alerjénus</li><li><input type="checkbox"/> Sertifikadu di Okupason (CO)</li><li><input type="checkbox"/> Sertifikadu di Inspeson (CI)</li><li><input type="checkbox"/> Lisénsa pa Bende Kumida y Bebida (CV) (si aplikável)</li></ul>	<ol style="list-style-type: none"><li>1. Mara bu inspeson di abertura ku <i>ISD Health</i>; txoma pa númeru <b>617-635-5326</b> ô manda un email pa <b>ISDHealth@boston.gov</b></li><li>2. Na mumentu di bu inspeson, tudu kuza debe sta prontu pa funsionamentu di bu stabelesimentu kumersial. Bu debe sta konplétamenti preparadu pa, lógu ki inspetor bai, bu pode atende bu priméru klienti.</li></ol>

### ***Bu meste ajuda?***

Kontakta *ISD Health*, si bu tene algun pregunta ô dúvida, pa telefóni ô *email*.

Un funsionáriu ta fala ku dónu di stabelesimentu kumersial, ta splika-l prusésu pa se situason spsisífiku, y ta djuda-l intende midjor kuzê ki el ta meste.

**Tel:** (617) 635-5326

**Fáks:** (617) 635-5388

**Email:** ISDHealth@boston.gov

**Ripartison di Inspesons di Saúdi**

**1010 Massachusetts Ave.**

**Boston, MA 02118**

Oráriu di funsionamentu: Segunda a sésta-fera, 8:00 di palmanhan – 4:00 di tardi

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## Pididu di Lisensa pa Stablesimentu Alimentar

Apenas pa uzu di Konsehu di Saúdi				
Data Resibidu	Data Inspesionadu	Aprovadu Pa	Lisensa # emitidu	Taxa

1	<b>Bomi di Negósiu:</b> <i>(Kel li é nomi izibidu pa públuku na parti sterior di bu stablesimentu, pur izénplu. "McDonalds", nau "McDonalds Corp")</i>
2	<b>Inderesu komersial:</b> <i>(Kel li é indereasu físiku di bu stablesimentu izibidu pa públuku)</i>
3	<b>Inderesu di korespondênsia di Negósiu:</b> <i>(Kazu for diferenti di anterior)</i>
4	<b>Númeru di tilifoni komersial:</b> <i>(Númeru públuku pa klientis)</i>
5	<b>Nomi y kargu di solisitanti:</b>
6	<b>Inderesu di solisitanti:</b>
7	<b>Númeru di tilifoni di solisitanti:</b>
8	<b>Email di solisitanti:</b>
9	<b>Stablesimentu ta pertense á:</b> <input type="checkbox"/> Un asosiason <input type="checkbox"/> Un koperason <input type="checkbox"/> Un indivídu <input type="checkbox"/> Parseria <input type="checkbox"/> Otu Entidadi Legal
	<b>Si for un <u>inpreza</u> ô <u>parseria</u>, pui nomi, kargu y indereasu rezidensial di kes ofdisial ô parserus:</b> Nomi <i>Kargu</i> "Inderesu": _____ _____ _____
10	<b>Proprietáriu di inpreza y kargu:</b> <i>(Nomi di inpreza)</i>
11	<b>Inderesu di proprietáriu di inpreza:</b> <i>(Inderesu di Inpreza)</i>
12	<b>Psoa direktamenti risponsável pa operason diáriu</b> <i>(Proprietáriu. Psoa Risponsável Supervisor. Jerenti. etc)</i>
	Nomi y kargu:
	Inderesu:
	Númeru di Tilifóni:
	Númeru di Tilifoni di Imergênsia
13	<b>Supervisor distrital ô rejional</b> <i>(si ta aplika)</i>
	Nomi y kargu:
	Inderesu:
	Númeru di Tilifóni:

<b>14 Fonti di drenajen di águas di esgotu:</b>	
<b>15 Impreza di rikolha di lixu / Impreza di renderizason</b> (pa gurdura)	
<b>16 Dias y orárius di funksionamentu:</b>	
<input type="checkbox"/> Oráriu di duminu: _____ <input type="checkbox"/> Sigunda-fera Órárius: _____ <input type="checkbox"/> Tersa-fera Órárius: _____ <input type="checkbox"/> Kuarta-fera Órárius: _____ <input type="checkbox"/> Kinta-fera Órárius: _____ <input type="checkbox"/> Sesta-fera Órárius: _____ <input type="checkbox"/> Sábadu Órárius: _____	
<b>17 Númeru di funksionáriu di área alimentar:</b>	
<b>18 Nomi di Psoa Risponsável Sertifikadu na Jeston di Proteson Alimentar:</b> <i>Aneksa kópia di sertifikadu</i>	
<b>19 Ten alguén ku formason na prusedimentus anti-asfiksia?</b> <i>(kazu tiver 25 lugar ô más)</i>	<input type="checkbox"/> Sin <input type="checkbox"/> Nau
<b>20 Tipu di Stablesimentu</b> <i>(Marka tudu kel ki ta aplika)</i>	
<input type="checkbox"/> retáliu <b>pés kuadradus</b> _____ <input type="checkbox"/> Sirvisu alimentar <b># di lugaris</b> _____ <input type="checkbox"/> Sirvisu di kumida pa leba <input type="checkbox"/> Servisu di alimentason - Instituison <b>Refeison/dia</b> _____ <b>Kamas</b> _____ <input type="checkbox"/> Servisu di meza <i>(Funksionáriu ki ta sirbi kumida - ka so intrega di grandis kuantidádis di kumida)</i>	<input type="checkbox"/> Intrega di Kumida <input type="checkbox"/> kumida Móvel <i>(Iz: karinhu di mon)</i> <input type="checkbox"/> Kumida móvel ambulanti <i>(Iz: Autocaravana ou trailer)</i> <input type="checkbox"/> Padaria <input type="checkbox"/> Fabrikanti di sobremezas konjeladus <input type="checkbox"/> Otu - Diskreve: _____ _____ _____

### TCS - Kontrol di tenpu/temperatura pa siguransa

Alimentus TCS deve ser mantidus fora di zona di temperatura pirigozu. (41 F - 135 F). Alimentus TCS más komun ta inklui: *produtus à bazi di karni, ovu, pexi y marisku, laktisínius, natas ô kremi, vejetal kuzidu, pratus à bazi di batata, plantas rikus en proteínas, rebentus kru, folias verdís kortadus, adju kortadu postu na óliu, melon fatiadu y tomati.*

### Nau-TCS - ka é nisisáriu di kontroli di tenpu/temperatura

Alimentus nau-TCS ka ta favorese kresimentu di baktérias ki ta kauza duênsas. Alimentus komun nau-TCS ta inklui: *produtus sekus, sereal seku, alimentus dzidratadus, biskoitu, dosi, pipokas, batata fritu, refrijerantis enlatadus.*

### RTE - Alimentus prontus pa konsumi

RTE Alimentus ki ka meste ser kuzinhadu ô iskentadu otu bez antis es ser sirvidu. Alimentus RTE ta inklui: *sandx, saladas, muffins.*

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

21 Nhoz ta bende alimentus TCS preparadu na óra?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
22 Nhoz ta intrega kumida dentu di 1 óra dipôs di preparason?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
23 Nhoz ta prepara kumida TCS pa konservason na ambienti kenti y friu pa sirvisu di refeison individual?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
24 Nhoz ta Prepara kumida TCS kenti kuzinhadu y arefesidu ô mantidu kenti	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
25 Nhoz ta iskenta alimentus prosesadus di forma komersilmente pa sirvi na unperiúdu di 4 óra?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
26 Nhoz ta prepara alimentus-TCS?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
27 Nhoz ta bende alimentus pré-imbaldus komersialmenti? <b>Marka tudu opson ki ta aplika :</b>	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
28 Nhoz ta Fabrika y imbala jelu pa venda á retalhu?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
29 Nhoz ta Fabrika y imbala sumu pa venda á retalhu?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
30 Nhoz ta bende alimentus animal krú pa ser preparadu pa konsumidoris?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
31 Nhoz tasirvi alimentus kru ô mal kuzidu di urijen animal?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
32 Nhoz sta prepara kumida/refeison individual pa iventus ku sirvisu di meza ô sirvisu di alimentar institusuional?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
33 Nhoz ta prepara alimentus pa un instituison ki tene un populason altamenti susetível?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
34 Nhoz ta bende alimentus rikuperadus, fora di prazu di validadi ô rekondisionadus?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
35 Nhoz ta ofere auto-atendimentu pa klienti? <b>Marka tudu opson ki ta aplika :</b> <input type="checkbox"/> TCS	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
36 Nhoz ta uza un prosésu ki ta iziji variason y/ô un planu HACCP?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau
37 Nhoz ta inbala alimentus á váku na lokal ô kuzinha/refrijera produsus na lokal?	<input type="checkbox"/> Sin	<input type="checkbox"/> Nau

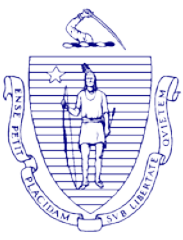
Amin, abaixo asinadu, n-ta atesta verasidadi di informason furnesidus na es rekerimentu y n-ta afirma ma stablesimentu alimentar sta bai kumpri norma 105 CMR 590.000 y tudu outu lei aplikável. N-foi instruídu pa Konseliu di Saúdi sobri modi ki nu pode konsigi kópias di 105 CMR 590.000 y di Kódigu Alimentar Federal di 2013 y suplementu di 2015.

**Asinatura di Solisitanti:** \_\_\_\_\_

Di akordu ku MGL Ch 62C, sec. 49A, n-ta sertifika, sobi pena di perjúriu, ma, di akordu ku nha kunhesimentu y konvikson, n-aprezenta tudu diklarason fiskal stadual y n-paga tudu impostu stadual izijidu exigidos pa lei.

**Identifikason fiskal federal (númeru EIN)** \_\_\_\_\_

**Asinatura di individu ô nomi di Impreza:** \_\_\_\_\_



**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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)