



Pwosedi Aplikasyon pou yon Pèmi Aplikasyon Etablisman Manje

Seksyon 1 - Aplikasyon pou yon Pèmi

An pèsòn oswa pa imèl

⇒ Chak etablisman bezwen yon Pèmi Etablisman Manje epi yon enspeksyon avan ou kapab sèvi piblik la manje.

Kisa w pral bezwen:	Etap:
<input type="checkbox"/> Aplikasyon Pèmi Etablisman Manje <input type="checkbox"/> Atestasyon Asirans Konpansasyon Travayè <input type="checkbox"/> Idantite Taks Federal (Nimewo EIN) <input type="checkbox"/> Sètifika Manadjè Pwoteksyon Manje (CFPM)	<ol style="list-style-type: none">1. Asire w ke w te kolekte ak ranpli tout materyèl, dokiman, ak enfòmasyon ki site yo. Ou kapab pote materyèl nan randevou w la oswa voye yo pa imèl alavans.2. Pwograme yon randevou ak ISD Health pou sa rele 617-635-5326 oswa voye yon imèl nan ISDHealth@boston.gov.

Seksyon 2 - Revizyon Plan an

Randevou an pèsòn sèlman

⇒ An plis yon pèmi manje ak enspeksyon, ou pral bezwen yon plan revizyon si youn nan kondisyon sa yo reyini:

- Yon nouvo restoran ki konstwi
- Konstriksyon, renovasyon, oswa chanjman nan aparans yon etablisman ki egziste deja
- Nouvo ekipman oswa chanjman meni

Kisa w pral bezwen:	Etap:
<input type="checkbox"/> Dokiman Travay Plan Revizyon <input type="checkbox"/> 2 kopi plan planche a (ki desine sou echèl) <input type="checkbox"/> Espesifikasyon Ekipman (NSF/UL oswa ekivalan) <input type="checkbox"/> Meni <input type="checkbox"/> Peman	<ol style="list-style-type: none">1. Asire w ke w te kolekte ak ranpli tout materyèl, dokiman, ak enfòmasyon ki site yo2. Pwograme yon randevou Revizyon Plan avèk ISD Sante pa telefòn oswa imèl3. Pote enpresyon tout dokiman ki site yo ranpli nan randevou pwograme w la anplis peman pou frè aplikab yo4. Pandan Revizyon Plan w lan, anplwaye a ap pase sou espesifikasyon pou etablisman biznis nou a ak meni a5. Apre revizyon plan w lan, pote plan sele w yo nan Bilding ISD a pou yo revize yo epi pou direktiv sou pèmi anplis ke w gendwa bezwen

1010 Massachusetts Ave, 4th Floor, Boston MA 02118

Tel: (617) 635-5326 Faks: (617) 635-5388 Imèl: ISDHealth@boston.gov Sitwèb: www.boston.gov



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Seksyon 3 - Enspeksyon Ouvèti

Randevou an pèsòn sèlman

⇒ **Avan pou w kapab ouvri pou piblik la ou pral bezwen pase yon enspeksyon ouvèti. Anplis yon enspeksyon operasyon, yo enspekte etablisman manje yo 1-3 fwa pa ane.**

Kisa w pral bezwen:	Etap:
<ul style="list-style-type: none"><input type="checkbox"/> Tout frè yo peye<input type="checkbox"/> Sètifika alèjèn<input type="checkbox"/> Sètifika Okipasyon (CO)<input type="checkbox"/> Sètifika Enspeksyon (CI)<input type="checkbox"/> Lisans pou Vann Manje ak Bwason (CV) (si sa aplikab)	<ol style="list-style-type: none">1. Pwograme enspeksyon ouvèti w la ak ISD Health pou sa rele 617-635-5326 oswa voye yon imèl nan ISDHealth@boston.gov2. Nan moman enspeksyon w lan, tout bagay ta dwe pare pou w ale opere biznis ou a. Ou ta dwe pare konplètman yon fason pou lè enspektè a kite ou pare pou w sèvi premye kliyan w lan.

Ou bezwen asistans?

Kontakte ISD Health ak nenpòt kesyon oswa enkyetid pa telefòn oswa pa imèl.

Yon anplwaye pral rankontre ak pwopriyetè biznis yo, gade pwosesis la ansanm avèk yo pou sitiyasyon espesifik yo, epi ede yo gen yon pi bon konpreyansyon sou sa yo pral bezwen.

Tel: (617) 635-5326

Faks: (617) 635-5388

Imèl: ISDHealth@boston.gov

Divizyon Enspeksyon Sante
1010 Massachusetts Ave.
Boston, MA 02118

Biwo a fonksyone: Lendi rive vandredi, 8 a.m. - 4 p.m.



Aplikasyon pou Pèmi Etablisman Manje

Pou Itilizasyon Konsèy Sante a Sèlman				
Dat Resevwa	Dat Enspeksyon an	Apwouve Ak	Nimewo Pèmi ki te Delivre	frè

1 Non Biznis: (Sa a se non ki parèt bay piblik la sou deyò etablisman ou an - sa vle di "McDonalds", pat "McDonalds Corp")	
2 Adrès Biznis: (Sa a se adrès fizik etablisman ou an ki parèt bay piblik la)	
3 Adrès Postal Biznis: (Si diferan de sa ki anwo a)	
4 Nimewo Telefòn Biznis: (Nimewo piblik pou kliyan yo)	
5 Non ak Tit Aplikan an:	
6 Adrès Aplikan an:	
7 Nimewo Telefòn Aplikan an:	
8 Imèl Aplikan an:	
9 Etablisman ki posede pa: <input type="checkbox"/> Yon Asosyasyon <input type="checkbox"/> Yon Kòporasyon <input type="checkbox"/> Yon moun <input type="checkbox"/> Patenarya <input type="checkbox"/> Lòt antite legal	Si se yon Sosyete oswa yon Patenarya, bay non, tit ak Adrès lakay ofisye yo oswa patnè yo: Non Tit Adrès _____ _____ _____
10 Pwopriyetè Biznis ak Tit: (Non sosyete a)	
11 Adrès Pwopriyetè Biznis la: (Adrès kòporasyon an)	
12 Moun ki responsab dirèkteman pou operasyon chak jou yo (Pwopriyetè, Moun ki responsab la, Sipèvizè, Manadjè, elatriye)	
Non ak Tit:	
Adrès:	
Nimewo Telefòn:	
Nimewo Telefòn Ijans:	
13 Sipèvizè Distri a oswa Rejyon an (si sa aplikab)	
Non ak Tit:	
Adrès:	
Nimewo Telefòn:	

14 Sous Dlo ak Eliminasyon Dlo Egou:	
15 Konpayi Jete Fatra / Konpayi rann (pou grès)	
16 Jou ak Lè Operasyon:	
<input type="checkbox"/> Orè Dimanch: _____	
<input type="checkbox"/> Lendi	Lè: _____
<input type="checkbox"/> Madi	Lè: _____
<input type="checkbox"/> Mèkredi	Lè: _____
<input type="checkbox"/> Jedi	Lè: _____
<input type="checkbox"/> Vandredi	Lè: _____
<input type="checkbox"/> Samdi	Lè: _____
17 Kantite Anplwaye nan Manje:	
18 Non Moun ki Responsab la Sètifye nan Jesyon Pwoteksyon Manje:	
Tanpri anekse yon kopi sètifika a	
19 Èske ou gen yon moun ki resevwa fòmasyon nan pwosedi pou anpeche toufe?	<input type="checkbox"/> Wi <input type="checkbox"/> Non
<i>(Si gen 25 plas oswa plis)</i>	
20 Kalite etablisman	
<i>(Kwoche tout sa ki aplike yo)</i>	
<input type="checkbox"/> Vann an Detay sq.feet _____	<input type="checkbox"/> Livrezon Manje
<input type="checkbox"/> Sèvis Manje Kantite plas _____	<input type="checkbox"/> Manje mobil <i>(Egzanp: kabwa pouze)</i>
<input type="checkbox"/> Sèvis Manje pou pote ale	<input type="checkbox"/> Manje mobil <i>(Eg: Kamyon manje oswa restoran)</i>
<input type="checkbox"/> Sèvis Alimantè-Enstitisyon	<input type="checkbox"/> Boulanjri
Manje/Jou _____	<input type="checkbox"/> Fabrikan Desè krèm
Kabann _____	<input type="checkbox"/> Lòt - Dekri: _____ _____ _____
<input type="checkbox"/> Sévis bifè <i>(Anplwaye k ap sèvi manje - pa sèlman livrezon gwo bagay kantite manje)</i>	

TCS - Kontwòl tan/tanperati pou sekirite

Manje TCS yo dwe rete lwen zòn tanperati danje a (41 F - 135 F). Manje TCS ki pi komen yo enkli: pwodui vyann, ze, pwason ak kristase, pwodui letye, krèm, oswa krèm patisri, legim kwit, plat pòm detè, plant ki rich nan pwoteyin, jèrn kri, fèy vèt koupe, lay koupe nan lwil, melon tranche, ak tomat.

Pa TCS - Pa bezwen kontwòl tan/tanperati

Manje ki pa TCS yo pa ede bakteri ki lakòz maladi grandi. Manje komen ki pa TCS yo enkli: machandiz sèk, sereyal sèk, manje dezidrate, bonbon, sirèt, pòpkòn, chips pòm detè, ak soda nan bwat.

RTE - Manje pare pou manje

Manje RTE ki pa bezwen kwit oswa rechofe anvan yo sèvi. Manje RTE yo gen ladan yo: sandwich, salad, ak gato.

21 Èske ou vann manje TCS ki kwit sou kòmman?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
22 Èske ou livre manje nan lespas 1 èdtan apre preparasyon?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
23 Èske ou prepare manje TCS pou konsève cho ak frèt pou sèvi yon sèl repa?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
24 Èske ou prepare manje TCS cho, swa kwit epi refwadi oswa kenbe cho pou	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
25 Èske ou rechofe manje trete komèsyalman pou sèvis nan lespas 4 èdtan?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
26 Èske ou prepare manje ki pa TCS?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
27 Èske ou vann manje pre-anbale nan komès? Tcheke tout sa ki aplike yo:	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
28 Èske ou fabrike epi pake glas pou vann an detay?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
29 Èske ou fabrike epi anbale ji pou vann an detay?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
30 Èske ou vann manje kri ki soti <u>nan bèt ki fèt pou konsomatè yo prepare?</u>	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
31 Èske ou <u>sèvi manje</u> kri oswa ki pa byen kwit ki soti nan bèt?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
32 Èske w ap prepare manje/manje endividyèl pou evènman ak sèvis traitèur oswa sèvis manje enstitisyonèl?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
33 Èske w ap prepare manje pou yon etablisman popilasyon ki trè vilnerab?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
34 Èske nou fè lavant an detay manje ki sove, ki ekspire, oswa ki te rekondisyonèl?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
35 Èske ou ofri sèvis pwòp tèt ou pou kliyan? Tcheke tout sa ki aplike yo: <input type="checkbox"/> TCS	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
36 Èske w itilize yon pwosesis ki mande yon varyans ak/oswa yon plan HACCP?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non
37 Èske ou anbale manje sou vid sou plas oswa ou kwit/refrijere pwodwi yo sou plas?	<input type="checkbox"/> Wi	<input type="checkbox"/> Non

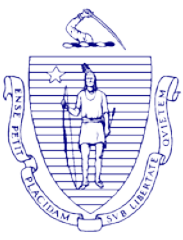
Mwen menm, ki siyen anba a, mwen sètifye presizyon enfòmasyon ki bay nan aplikasyon sa a epi mwen afime ke operasyon etablisman manje a ap konfòme li avèk 105 CMR 590.000 ak tout lòt lwa ki aplikab yo. Konsèy Sante a ban mwen enstwiksyon sou kijan pou m jwenn kopi 105 CMR 590.000 ansanm ak Kòd Manje Federal 2013 la ansanm ak sipleman 2015 la.

Siyati Aplikan: _____

An akò avèk MGL Ch 62C, sec. 49A, mwen sètifye anba pinisyon pou fo temwayaj ke, nan limit konesans ak kwayans mwen, mwen te ranpli tout deklarasyon taks leta yo epi mwen te peye taks leta yo dapre lalwa.

Nimewo Idantifikasyon Federal / EIN: _____

Siyati Moun nan oswa Non Konpayi an: _____



**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