



HAMILTON BOARD OF HEALTH

577 Bay Road, P.O. Box 429
Hamilton, MA 01936

Tel: 978-468-5579

Fax: 978-468-5582

FOOD SERVICE/FOOD ESTABLISHMENT PERMIT APPLICATION

*Application must be submitted at least 30 days before the planned opening date
License/Permit expires annually on December 31st*

Please check all that apply:

- A: FOOD SERVICE and CATERING combined
- B: FOOD SERVICE RETAIL (not pre-packaged) CATERING Only MANUFACTURER of FROZEN DESSERT
- C: RETAIL (pre-packaged, including PHF) MOBILE BED & BREAKFAST
- D: RETAIL (pre-packaged, non-PHF only) RESIDENTIAL KITCHEN for Retail Sale FUNCTION HALL
- E: SEASONAL FOOD SERVICE

Please enclose fee payable to: Town of Hamilton

- FEE: A: \$300 Food Service and Catering combined
- B: \$275 for Food Service or Retail Food (not pre-packaged) or Catering Only or Manufacturer of Frozen Dessert
- C: \$150 for Retail Food (pre-packaged food only, including PHF) or Mobile or Bed and Breakfast
- D: \$100 for Retail Food (pre-packaged, non-PHF only) or Residential Kitchen for Retail Sale or Function Hall
- E: \$100 for Seasonal Food Service

Establishment Name: _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No: _____ Email: _____

Contact Person: _____ 24 Hour Emergency Phone No: _____

Establishment Owned By:

Association _____ Corporation _____ Individual _____ Partnership _____ Other Legal Entity _____

Owner Name: _____ Title: _____

Home Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

Person Directly Responsible for Daily Operations:

Name: _____ Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

District or Regional Supervisor (if applicable):

Name & Title: _____

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Telephone No: _____ Fax: _____ Emergency Telephone No: _____

PLEASE CIRCLE: Drinking water: Town or Private Well Wastewater: Sewer or Private Septic

Length of Permit: Annual or Seasonal: Dates: _____ Location: Permanent Structure or Mobile

Days & Hours of Operation: _____ Number of Employees: _____

Name of Person in Charge Certified in Food Protection Management (if applicable). Please attach copy of certificate

Name: _____ Date of Exam: ___/___/___ Certification No: _____

Name of Person trained in Anti-Choking Procedures (if 25 seats or more): _____

Establishment Type (check all that apply):

- Retail - (_____ Sq. Ft.)
- Food Service - (_____ Seats)
- Food Service - Takeout
- Food Service - Institution (_____ Meals/Day)
- Caterer
- Food Delivery
- Residential Kitchen for Retail Sale
- Bed & Breakfast Home (1-3 rooms)
- Bed & Breakfast Establishment (4-9 rooms)
- Frozen Dessert Manufacturer
- Function Hall
- Other (Describe): _____

Food Operations (check all that apply): List menu items that correspond to checked categories.

Definitions: PHF - potentially hazardous foods (time/temperature controls required)
 Non-PHF - non-potentially hazardous foods (no time/temperature controls required)
 RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

List Menu Items that Correspond

- Sale of Commercially Pre-Packaged Non-PHF's
- Sale of Commercially Pre-Packaged PHF's
- Delivery of Packaged PHF's
- Reheating of Commercially Processed Foods for Service within 4 Hours
- Customer Self-Service of Non-PHF and Non-Perishable Foods Only
- Preparation of Non-PHF's
- PHF Cooked to Order
- Preparation of PHF's for Hot and Cold Holding for Single Meal Service
- Sale of Raw Animal Foods Intended to be prepared by Consumer
- Customer Self-Service
- Ice Manufactured & Packaged for Retail Sale
- Juice Manufactured & Packaged for Retail Sale
- Offers RTE PHF in Bulk Quantities
- Retail Sale of Salvaged Out-of-Date or Reconditioned Food
- Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service
- PHF and RTE Foods Prepared for a Highly Susceptible Population or Facility
- Vacuum Packaging/Cook Chill
- Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- Offers Raw or Undercooked Food of Animal Origin
- Prepares Food/Single Meals for Catered Events or Institutional Food Service
- Other (Describe): _____

I, the 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 laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____ Date: _____

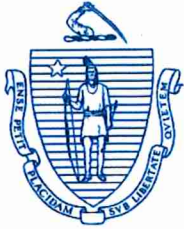
Individual or Corporate Name: _____ SS No. or Fed ID: _____

Workers Compensation Insurance Affidavit must be included with Application.

BOARD OF HEALTH USE ONLY

✓Workers Compensation Insurance Affidavit Received _____

Date Received Date Inspected Approved By Permit No.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 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 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 (circle 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
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia