



BROOKFIELD BOARD OF HEALTH

6 Central Street
BROOKFIELD, MASSACHUSETTS 01506
TELEPHONE: (508) 867-2930 x 22 • FAX: (508) 867-5091
www.brookfieldma.us Email: boardofhealth@brookfieldma.us



APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Establishment Information:

Name: _____

Telephone: _____

Address: _____

Email: _____

Hours of Operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Owner Information:

Owning entity is a(n):

____ Corporation ____ Partnership ____ Association ____ Individual ____ Other legal entity

Name of Owning entity: _____

Responsible Individual: _____ Title: _____

Address: _____

Email: _____ Phone: _____

Type of Facility/Permit (Check All that apply):

Check here if 501c3 Non-Profit Organization *

<input type="checkbox"/> Food Service <input type="checkbox"/> Less than 50 seats \$100 <input type="checkbox"/> 51- 100 seats \$150 <input type="checkbox"/> Greater than 100 seats \$200 <input type="checkbox"/> Limited Food Service \$ 50	<input type="checkbox"/> Industrial (residential facility) \$50	<input type="checkbox"/> Retail Food <input type="checkbox"/> 0-1,000 sq. ft. \$100 <input type="checkbox"/> 1,000-5,000 sq. ft. \$150 <input type="checkbox"/> Greater than 5,000 sq. ft. \$200 <input type="checkbox"/> Retail – Prepackaged Only \$50
	<input type="checkbox"/> Residential Kitchen \$25	
	<input type="checkbox"/> Function Hall \$25	
	<input type="checkbox"/> Milk \$10	
<input type="checkbox"/> Catering \$50	<input type="checkbox"/> Milk Pasteurization \$15	<input type="checkbox"/> Milk \$10
<input type="checkbox"/> Mobile Food Server \$50	<input type="checkbox"/> Frozen Desserts (Soft Serve) \$50	
Total Fee: _____		

* Total Fee for 501c3 Non-Profit Organization is \$25



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Person In Charge (PIC) Information:

Name: _____ Emergency Contact: _____

*****PIC's ServSafe Managers AND Allergen Awareness certificates MUST BE attached AND visibly posted in establishment. *****

Maintenance Information:

Potable Water Source:		
_____ Municipal	_____ On-site well (requires DEP approval)	_____ Other
Sewerage Disposal:		
_____ Municipal	_____ Approved on-site	_____ Other

Chemical sanitizer used: _____

Rodent/Insect control company: _____

Solid waste disposal company: _____

Grease trap maintenance/pumping company: _____

Copies of 105 CMR 590.000 can be obtained at the State House Book at the State House, Boston MA 02133 or contact be telephone at 617-727-2384.

I, the undersigned, attest to the accuracy of the information provided in the application and affirm that the food establishment operation will comply with the 105 CMR 590.000 and all other applicable laws.

I, as applicant, assure agents for the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints, and otherwise protecting public health.

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

ADDITIONAL REQUIRED PAPERWORK

- 1) Copy of current menu
- 2) Copy of employee sick policy and reporting agreement
- 3) Copies of all food protection manager certifications for all PICs (Example: ServSafe)
- 4) Copies of Allergen Awareness certifications for all PICs
- 5) Completed Worker's Comp Insurance Affidavit (Attached)
- 6) Copies of Choke Safe Certification for all PICS (for establishments with 25+ seats)
- 7) Copy of recent water test results (private wells only)

ADDITIONAL REQUIRED PAPERWORK FOR MOBILE FOOD PERMIT APPLICANTS

- 1) Copy of Hawker/Peddler license
- 2) Copy of recent inspection report from town of origin
- 3) Copy of current permit from town of origin



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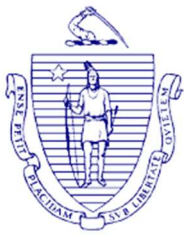
Signature of applicant: _____ Date: _____

Print name: _____

BOARD OF HEALTH USE ONLY

Approved by: _____ Date: _____

Permit(s) Issued:



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