

1. ESTABLISHMENT INFORMATION

Establishment Name

Owner/Applicant Name

Establishment's Physical Address

City/Town

State

Zip Code

Establishment's Mailing Address (If Different from Above)

City/Town

State

Zip Code

Establishment's Phone Number

2. OWNER INFORMATION

OWNING ENTITY IS A(N): ☐ Corporation ☐ Partnership ☐ Association ☐ Individual

☐ Other Entity: _____

Name of Owing Entity

Name of Contact for Owing Entity

Contact's Address

City/Town

State

Zip Code

Contact's Phone Number

Contact's Email Address

PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATIONS

TITLE

PHONE NUMBER

24-HOUR EMERGENCY PHONE NUMBER

3. DAYS AND HOURS OF OPERATION – **FOR PERMANENT ESTABLISHMENTS ONLY**

☐ Operates Year-Round ☐ Operates Seasonally (If Seasonal – What Month Do You Open? _____)

MONDAY: _____ to _____ SATURDAY: _____ to _____

TUESDAY: _____ to _____ SUNDAY: _____ to _____

WEDNESDAY: _____ to _____

THURSDAY: _____ to _____

FRIDAY: _____ to _____

4. MAINTENANCE – **FOR PERMANENT ESTABLISHMENTS ONLY**

(Companies marked with **** must be valid and permitted in Mendon**) See BOH Website for List

Potable Water Source: ☐ Municipal Water ☐ On-Site Well* (Please see Page 1)

*If On-Site Well, please give DEP Public Water Supply Number: _____

Chemical Sanitizer Used for **Food Contact Surfaces**: _____

Pest Control Company: _____

****Rubbish Removal Company:** _____

****Septic Waste Disposal Company:** _____

****Grease Trap Maintenance Pumping Company:** _____

(Grease Trap Maintenance Log Must Be Presented To Health Agent At Time Of Inspection)

***** **IMPORTANT NOTICE** *****

Unless only **NON-TCS Foods** (Time/Temperature Controls Safety, formerly called Potentially Hazardous Food - PHF) are served, each food service establishment shall be required to always have a certified **Food Protection Manager** on staff when food is being prepared and/or served while operating in the Town of Mendon.

5. CERTIFICATIONS (You must provide copies of all current certifications below)

☐ **Food Manager Certification is NOT required – This Establishment will NOT be preparing any PHFs.**

Name(s) of **Certified Food Managers**:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Allergen Awareness Training Certificate Holder(s):

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

Anti-Choking Certification Holder(s): (**Establishments with 25 seats or more**)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |

6. FOOD OPERATIONS (Check All That Apply) – **FOR PERMANENT ESTABLISHMENTS ONLY**

Definitions: **TCS** - Time/Temperature Controls Safety Food (*Formerly called Potentially Hazardous Food - PHF*)

Non-TCS – No Time/Temperature Controls Safety Food (no time/temperature controls required)

RTE – Ready-To-Eat Foods (ex. sandwiches, salad, muffins which need no further processing)

- | | |
|--|--|
| <input type="checkbox"/> Sale of Commercially Pre-packaged Non-TCS | <input type="checkbox"/> Preparation of Non-TCS |
| <input type="checkbox"/> Sale of Commercially Pre-packaged TCS | <input type="checkbox"/> Delivery of Package TCS |
| <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale | <input type="checkbox"/> Customer Self-Service |
| <input type="checkbox"/> Juice Manufactured and Package for Retail Sales | <input type="checkbox"/> Vacuum Packaging/Cook Chill |
| <input type="checkbox"/> Offers Raw or Under Cooked Food of Animal Origin | <input type="checkbox"/> Offers RTE TCS in Bulk Quantities |
| <input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan | |
| <input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food | |
| <input type="checkbox"/> Reheats commercially processed foods for service within 4 hours | |
| <input type="checkbox"/> Sale of Raw Animal Foods Intended to be prepared by Consumer | |
| <input type="checkbox"/> Customer self-service of Non-TCS and Non-Perishable Foods Only | |
| <input type="checkbox"/> Preparation of TCS for Hot and Cold Holding for Single Meal Service | |
| <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service | |
| <input type="checkbox"/> Hot TCS Cooked and Cooled or Hot Held for More Than a Single Meal Service | |
| <input type="checkbox"/> Other (Describe): _____ | |

7. SIGNATORY SECTION

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 590.00 and all other applicable laws.

I, as the applicant, have read, understand, and will abide by the Mendon Food Code Regulations that will be in effect as of January 01, 2024.

I, as the applicant, assure agents of 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. Also, as reminder to keep tags and labels with containers of live molluscan shellfish.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

Pursuant to M. G. L. Ch. 62C, sec. 49A, I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

PRINT NAME

SIGNATURE

DATE

Copies of [105 CMR 590.00](#) and the [Federal Food Code](#) can be obtained at the State House Book Store, Boston, MA (Telephone Number: (617) 727-2834):

**INCOMPLETE APPLICATION SECTION(S) AND/OR EXPIRED CERTIFICATION(S)
WILL BE DENIED AND RETURNED TO THE APPLICANT, RESULTING IN DELAY OF
PROCESSING APPLICATION, SCHEDULING INSPECTION, AND ISSUING OF THE PERMIT.**

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.

EXPIRATION DATE: DECEMBER 31 OF EACH YEAR, UNLESS OTHERWISE NOTED.

Please make checks payable to:

Town of Mendon

Mail Complete Application and Payment To:

Mendon Board of Health
18 Main Street
Mendon, MA 01756

A. **TEMPORARY** FOOD ESTABLISHMENT INFORMATION

1. Before completing this application, have you read and understand the [Food Safety at Temporary Events](#) and the [Temporary Food Establishment Operations "Are You Ready?" Checklist](#). ☐ YES ☐ NO

2. Menu: Please list all items below that will be sold. Attach a separate list if more room is needed.
Any changes must be submitted and approved by the Board of Health at least 7 days prior to the event.

_____	_____
_____	_____
_____	_____

3. Will all food be prepared at the temporary food service booth?

☐ YES – Fill out **SECTION B**

☐ NO – 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving date(s) and times.

2. Fill out both **SECTIONS A and B**

SECTION A: AT THE APPROVED KITCHEN

List each potentially hazardous food item, and for each item, check which preparation procedure will occur.

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

SECTION B: AT THE BOOTH

Food	Thaw	Cut / Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

**NOTE: IF YOUR FOOD PREPARATION PROCEDURES CANNOT FIT THESE CHARTS,
PLEASE LIST ALL OF THE STEPS IN PREPARING EACH MENU ITEM ON AN ATTACHED SHEET.**

B. EVENT UTILITIES

1. Will electricity be provided to Food Unit? ☐ YES ☐ NO

2. Describe Potable Water Supply: _____

3. Describe means for Wastewater Disposal: _____

4. Describe means for Garbage Collection & Disposal: _____

5. Hand-washing facilities available at booth? ☐ YES ☐ NO (If no, please explain method of hand-washing):

6. Will Gloves be available for use by your employees? ☐ YES ☐ NO # of Employees: _____ **Disposable gloves & hand sanitizers can provide an additional barrier to contamination but are NOT a substitute for handwashing.**

7. Do you have immediate access to a dishwasher or 3-compartment sink? ☐ YES ☐ NO (If no, please explain method of cleaning utensils and equipment): _____

**Utensils must be cleaned or replaced every 4 hours! Separate utensils must be utilized
for handling raw and cooked animal foods during the cooking process!!**

8. Type of Sanitizer you will be using: _____ (Sanitizer test kit must be available for use at food booth) All food contact surfaces must be sanitized and kept clean at all times.

C. FOOD PROTECTION, TRANSPORTATION & STORAGE

1. Describe measures to protect food and maintain temperature (HOT and COLD) **during transportation** from approved kitchen to event booth:

2. Describe measures to protect food and maintain temperature (HOT and COLD) **while in storage** at event booth:

3. Describe measures to protect food and maintain temperature (HOT and COLD) **during display** at event booth:

FOOD GRADE THERMOMETERS MUST BE ON-SITE TO VERIFY HOT & COLD TEMPERATURES.

4. Water and Ice **MUST** be from an approved source – list source(s):

ICE USED FOR COLD STORAGE OF FOOD PRODUCTS MUST NOT BE DISPENSED FOR CONSUMPTION TO CONSUMER.

Packaged foods may not be stored in direct contact with ice or water if the food is subject to the entry of water because of the nature of its packaging, wrapping, its container or its positioning in the ice or water – Unpackaged food may not be stored in direct contact with un-drained ice.

5. Explain how food stored in ice will be adequately protected from melting water:

6. How will FROZEN foods be thawed, if necessary, prior to service?

7. Food source(s) – please list all locations at which food will be purchased for this event:

I certify by signing this application that I have read and understand the Massachusetts Department of Public Health “Are You Ready?” checklist for Temporary Food Establishment Operations, and that I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments and that the described establishment will be operated and maintained in accordance with the regulations.

OPERATOR'S SIGNATURE

DATE

TEMPORARY ESTABLISHMENT EVENT(S) INFORMATION

ESTABLISHMENT NAME

☐ I AM SUBMITTING THE FOLLOWING EVENT(S) FOR THE **FIRST TIME**

☐ I AM **ADDING ADDITIONAL EVENTS** TO A PREVIOUSLY APPROVED FOOD PERMIT

Name of Event #1

Date(s) of Event (2 Digit Month and Day for each Date)

Hours of Operation

Location of Event

MENDON, MA 01756

BOH Permit # Issued

Name of Event #2

Date(s) of Event (2 Digit Month and Day for each Date)

Hours of Operation

Location of Event

MENDON, MA 01756

BOH Permit # Issued

Name of Event #3

Date(s) of Event (2 Digit Month and Day for each Date)

Hours of Operation

Location of Event

MENDON, MA 01756

BOH Permit # Issued

Name of Event #4

Date(s) of Event (2 Digit Month and Day for each Date)

Hours of Operation

Location of Event

MENDON, MA 01756

BOH Permit # Issued

Name of Event #5

Date(s) of Event (2 Digit Month and Day for each Date)

Hours of Operation

Location of Event

MENDON, MA 01756

BOH Permit # Issued

TOTAL NUMBER OF **CONFIRMED DATES** FOR EACH EVENT LISTED: _____

ONLY SUBMIT THIS PAGE IF ADDING MORE EVENTS TO A PREVIOUSLY APPROVED FOOD PERMIT



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Company Name

Company's Physical Address

City

State

Zip

Company's Mailing Address (If Different from Above)

City

State

Zip

Company's Phone Number

***Signature of Individual (Mandatory)**

By: Corporate Officer (Mandatory, If Applicable)

****Social Security # (Voluntary) or Federal Identification Number**

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.



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 and 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: ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board

☐ Selectmen's Office ☐ 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

Form Revised July 2019