

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

**Food Establishment
Application**

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

(Application must be submitted at least 30 days prior to planned opening date)

Establishment Name _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

Establishment Telephone No.: _____ Fax No. (if any) _____

Applicant Name & Title _____

Applicant Address (No P.O. Boxes): _____

Applicant Telephone No.: _____ 24-Hour Emergency No.: _____

Owner Name & Title (if different from applicant): _____

Owner Address (if different from applicant): _____

Establishment Owned By: _____
If a corporation or partnership, give name, title and home address of officers or partners (attach if necessary).

<input type="checkbox"/> An Association	<u>Name</u>	<u>Title</u>	<u>Address</u>
<input type="checkbox"/> A Corporation	_____	_____	_____
<input type="checkbox"/> An Individual	_____	_____	_____
<input type="checkbox"/> A Partnership	_____	_____	_____
<input type="checkbox"/> Other Legal Entity	_____	_____	_____

Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manage, etc.):

Name & Title: _____

Address: _____

Telephone: _____

Emergency Telephone No.: _____ Fax No.: _____

District of Regional Supervisor (if applicable):

Name & Title: _____

Address: _____

Telephone No: _____ Fax No.: _____

For Official Use Only: Permit # _____	Fee Paid: \$ _____	Check #: _____	Date Paid: _____
Date Permit Issued: _____	Date Permit Expires: _____		

14) Water Sources: DEP Public Water Supply No: <i>(If applicable)</i>	15) Sewage Disposal:	
16) Days of Operation:	17) No. of Food Employees:	
18) Name of Person in Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certificates</i>		
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No		
20) Location (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Service - (Seats) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Food Service - Institution <input type="checkbox"/> Residential Kitchen for Bed and (Meals/Day) Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer Other (Describe)	
21) Length Of Permit (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates _____		
<input type="checkbox"/> Temporary/Dates/Time:		
23) Food Operations: <i>(check all that apply)</i>	Definitions: PHF - potentially hazardous food (time/temperature controls required Non - PHF's - non-potentially hazardous food (no time/temperature controls required RTE - ready-to-eat foods (Ex. Sandwiches, salads, muffins, which need no further processing)	
<input type="checkbox"/> Sales of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meat Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's for Hot And Cold Holding For Single Meat	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food or Animal Origin.
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application
	<input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food	

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 law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and have filed all state tax returns and paid state taxes required under law.

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporation Name: _____

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Tax Compliance Certificate

MASSACHUSETTS GENERAL LAWS, CH.62 S49A (b)

I hereby certify that I have complied with all the laws of the
Commonwealth of Massachusetts relating to taxes.

(1) Individual Contractor*

(company name)

(print name & title)

(signature)

(2) Corporation, Association or Partnership

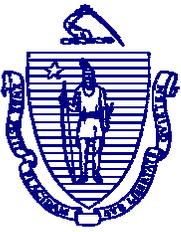
(firm name)

(print name & title)

(signature)

Signed under the pains and penalties of perjury on _____.
(date)

*Note to Contractor: Please sign at (1) or (2), whichever applies.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia