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

Establishment Name _____

Establishment Address: _____

Establishment Mailing Address (if different): _____

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

Email Address: _____ Do you have backup power: _____

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:

___ An Association
___ A Corporation
___ An Individual
___ A Partnership
___ Other Legal Entity

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

Name	Title	Address

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:	15) Sewage Disposal:
DEP Public Water Supply No: *(If applicable)*	
16) Days of Operation:	**17) No. of Food Employees:**

18) Name of Person in Charge Certified in Food Protection Management:
Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) *Please attach copy of certificates*

19 Person Trained in Anti-Choking Procedures (if 25 seats or more): ☐ Yes ☐ No

20) Location
(check one)
☐ Permanent Structure
☐ Mobile

21) Length Of Permit
(check one)
☐ Annual
☐ Seasonal/Dates _____
☐ Temporary/Dates/Time:

22) 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
☐ Residential Kitchen for Bed and Breakfast Home
☐ Residential Kitchen for Bed and Breakfast Establishments
☐ Frozen Dessert Manufacturer

Other (Describe)

23) Food Operations:
(check all that apply)

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)

☐ Sales of Commercially Pre-Packaged Non-PHF's	☐ PHF Cooked to Order	☐ Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meat Service
☐ Sale of Commercially Pre-Packaged PHF's	☐ Preparation Of PHF's for Hot And Cold Holding For Single Meat	☐ PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Delivery of Packaged PHF's	☐ Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	☐ Vacuum Packaging/Cook Chill
☐ Reheating of Commercially Processed Foods For Service Within 4 Hours.	☐ Customer Self-Service	☐ Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)
☐ Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	☐ Ice Manufactured and Packaged for Retail Sale	☐ Offers Raw Or Undercooked Food or Animal Origin.
☐ Preparation Of Non-PHF's	☐ Juice Manufactured and Packaged for Retail Sale	☐ Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	☐ Offers RTE PHF in Bulk Quantities	***To be completed by the Board of Health***
	☐ Retail Sale of Salvage, Out-of-Date or Reconditioned Food	Total Permit Fee:_____ Payment is due with application

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: _____

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

Tax Compliance Certificate

Memorial Town Hall
157 Main Street
Spencer, MA 01562

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

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.

Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

TOWN OF SPENCER
Office of Development & Inspectional Services

Food Establishment Application

Memorial Town Hall
157 Main Street
Spencer, MA 01562

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

CERTIFICATE OF COMPLIANCE PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT

Section 25C of Chapter 152 Massachusetts General Laws requires that every 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 until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.
As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to the Certificate of Compliance.

IF YOU HAVE EMPLOYEES:
I submit a Certificate of Insurance showing workers' compensation insurance or a copy of a policy of workers' compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.

IF YOU DO NOT HAVE EMPLOYEES:
In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption.

I am self-employed and have no employees who work for me, and do all the work of my business, named

_____ at _____, Spencer, myself. Therefore, I am not required to obtain workers' compensation insurance.

OR

I and _____ are the owners of the business named

_____ at _____, Spencer and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this_____ day of _____, 20____.

SIGNATURE _____

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

Memorial Town Hall
157 Main Street
Spencer, MA 01562

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

Food Establishment Application

MOBILE TRUCK REQUIREMENTS

- All Food must be obtained from an approved source.
- All food must be labeled and contain the following information:
  1. The common name of the food.
  2. Name and address of the facility where the food was purchased.
  3. List of all ingredients.
  4. Net weight (oz., pound, gram).
- All bakery items must be pre-wrapped or covered and provided with disposable tissues.
- Thermometers must be present in cold holding and hot holding cabinets and always working properly.
- Condiments are only approved if they are commercially prepackaged. Packaged lettuce and tomatoes are also allowed by must be in individual containers from an approved source.
- All hot foods must always remain at an internal temperature of 140 degrees F or above.
- All cold foods must always remain at an internal temperature of 41 degrees F or below.
- Wrapped sandwiches cannot be stored in direct contact with ice.
- Disposable cups must be in covered dispensers.
- All disposable forks, knives, and spoons must be individually wrapped.
- All areas of the vehicle must be clean and in good repair.
- A waste receptacle must be provided.
- The last inspection from the Department of Inspectional Services must be always kept in the vehicle.
- All hot foods not sold by the end of the day must be discarded.
- Cold holding units must be provided with mechanical refrigeration.
- Hand washing facilities must be provided.
- If potentially hazardous foods are prepared an adequate water and waste system including a 3-bay sink must be provided for washing, rinsing, and sanitizing.