



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

**ABSOLUTELY NO REFUNDS
 OR TRANSFER OF FUNDS**

BHP- _____
 DATE REC'D _____
 CHECK# _____

PLANNED OPENING DATE: _____

FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening/renewal date)

1. Establishment Name:										
2. Establishment Address:										
3. Establishment Mailing Address (if different):										
4. Establishment Telephone No:	4a. E-MAIL:									
5. Applicant Name & Title:										
6. Applicant Address:										
7. Applicant Telephone No:	24 Hour Emergency No:									
8. Owner Name & Title (if different from applicant):										
9. Owner Address (if different from applicant):										
10. Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11.) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> </tbody> </table>	Name	Title	Home Address						
Name	Title	Home Address								
12.) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Mgr., etc.):										
NAME & TITLE:										
ADDRESS:										
TELEPHONE NO:	FAX:									
EMERGENCY TELEPHONE NO:										
13.) District or Regional Supervisor (if applicable)										
NAME & TITLE:										
ADDRESS:										
TELEPHONE NO:	FAX:									
14.) Pest Control Co.:	15.) Sewage Disposal Private or Public									
Address:	Water Source Private or Public									
Phone No:	16.) Days of Operation:									
17.) # of Food Employees:	18.) Hours of Operation:									
19.) *Name of Person In Charge-Certified in Food Protection Management:										
ATTACH COPY OF CERTIFICATION (ServSafe)										

THIS APPLICATION MUST BE FILLED OUT COMPLETELY

(2012)

20.) *Person Trained in Anti-Choking Procedures (If 25 Seats or More):

Name:		Number of Seats:
21.) Establishment Type:	22) (Check All That Apply)	<input type="checkbox"/> Residential Kitchen
<input type="checkbox"/> Food Service	<input type="checkbox"/> Caterer	<input type="checkbox"/> Sale of Milk and Cream
<input type="checkbox"/> Food Service Institution	<input type="checkbox"/> Food Delivery	
<input type="checkbox"/> Retail	<input type="checkbox"/> Frozen Dessert Manufacturer	

PERMIT FEES: PAYMENT IS DUE WITH APPLICATION.
(Please make checks payable to the TOWN OF FOXBOROUGH.)

Mobile Applications and Temporary Food Applications please see our website: www.foxboroughma.gov
 Click on "Departments" click on "Health Department" click on "Applications & Fee Schedule"

Food Service (Restaurant)	
(1 – 100 seats)	\$ 50.00
(101 – 200 seats)	\$ 250.00
(201 – 500 seats)	\$ 500.00
(501 – 1,000 seats)	\$ 800.00
(1001+ seats)	\$1,000.00
Bakery	\$ 100.00
Catering	\$ 100.00
Frozen Dessert	\$ 50.00
Limited Food, Limited Retail and Retail Food	\$ 50.00
Residential Kitchen	\$ 50.00
Supermarket	\$ 800.00

23.) Food Operations (check all that apply) Definitions: PHF – potentially hazardous food (time/temp. controls required.)
 Non-PHF's-non-potentially hazardous food(no time/temps. Req.)
 RTE – ready-to-eat foods (Ex.: sandwiches, salads, muffins which need no further processing)

<input type="checkbox"/> Sale 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 Meal 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 Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Fac.
<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 (Yearly BOH approval required)
<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 of 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.
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food.	
<input type="checkbox"/> PLEASE ENCLOSE YOUR MENU	<input type="checkbox"/> CONSUMER ADVISORY PROVIDED.	

24.) Fats, Oils, and Grease (FOG) Management	
Please list the number of grease interceptors servicing your establishment.	Do you have yellow grease (used fry oil) disposal container/s Yes No Size/s:
Please provide information on the contractor who services these grease interceptors: Company Name: _____ Address: _____ Phone Number: _____	Please provide information on the contractor who services the yellow grease container/s: Company Name: _____ Address: _____ Phone Number: _____
List staff/owners with Foxborough FOG Certification Training (Please attach a copy of the certification with this 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. **BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.**

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

25.) Social Security Number or Federal ID Number _____

26.) Signature of Individual or Corporate Name _____ Date _____

LICENSE RENEWALS, NON PAYMENT, IF NOT PAID ON TIME: 100% OF THE COST OF THE LICENSE.

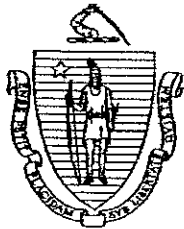
RE-INSPECTION FEE FOR FOOD CODE VIOLATIONS \$100.00. Re-inspection fee payment not paid within 14 calendar days of violation notice will be assessed at 50% of the re-inspection fee. Food Vendors requesting licensure within the 30 days of application, the LATE FEE will be set at: \$200 flat fee in addition to the license fee.

*This is a checklist for your convenience.

THE FOLLOWING DOCUMENTS MUST BE RETURNED WITH THIS APPLICATION. IF ALL FORMS ARE NOT RETURNED, YOUR APPLICATION AND CHECK WILL BE MAILED BACK TO YOU AND YOUR PERMIT REQUEST WILL BE REJECTED.

LATE FEES (\$200) WILL APPLY IF NOT PAID WITHIN 30 DAYS OF RENEWAL DATE (PERMITTING PERIOD: JANUARY 1ST – DECEMBER 31ST = PAPERWORK SHOULD BE RECEIVED NO LATER THAN NOVEMBER 30TH OF EACH PERMITTING SEASON)

- SERVSAFE CERTIFICATION**
- WORKERS' COMPENSATION FORM (THESE ARE ONLY GOOD FOR ONE YEAR SO WE CANNOT PULL FROM YOUR FILE).**
- ANTI-CHOKING CERTIFICATION (CPR) (if 25 seats or more)**
- MENU LISTING (Your Menu must list the following):**
 - Consumer Advisory:**
Consuming Raw or Undercooked Meat, Poultry, Seafood or Eggs may increase your risk for Food Borne Illness.
 - Allergen Awareness:**
Before placing your order, please inform your server if a person in your party has a food allergy.
- FOG Certification (If Applicable)**



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	--

*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.

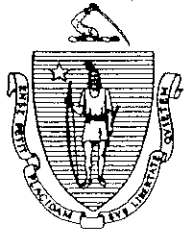
The Department's address, telephone and fax number:

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



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-983-6770 - Fax

TO: Local Boards of Health and Health Departments
FROM: Michael Moore, MDPH/BEH Food Protection Program
DATE: January 3, 2011
RE: **Vendors Approved by MDPH to Provide Allergen Awareness Training**

The following three vendors are approved by Massachusetts Department of Public Health (MDPH) to issue certificates of allergen awareness training in accordance with 105 CMR 590.009(G)(3)(a)¹.

- Compliance – To comply with 105 CMR 590.009(G)(3)(a), at least *one certified food protection manager per food establishment* must obtain an allergen awareness certificate from one of these three MDPH-approved vendors.
- Online Training – To obtain an allergen awareness certificate over the Internet, visit a vendor’s website, pay \$10, and follow the instructions for watching the allergen awareness video.
- Classroom Training - To obtain an allergen awareness certificate in a classroom setting, contact a vendor and ask for information about available classroom trainings.

<p>Berkshire Area Health Education Center 703 West Housatonic St., Suite 208 Pittsfield, MA 01201</p>	<p>Options to be trained by Berkshire AHEC:</p> <ul style="list-style-type: none"> • Visit their website at www.berkshireahec.org • Contact Timothy Diehl at tdiehl@berkshireahec.org • Call 413-447-2417, or 866-976-AHEC (2432)
<p>CompuWorks Systems, Inc. 591 North Ave, Door 2 Wakefield, MA 01880</p>	<p>Options to be trained by CompuWorks:</p> <ul style="list-style-type: none"> • Visit their website at www.compuworks.com • Contact James Donaher at jdonaher@compuworks.com • Call 781-224-1113
<p>Massachusetts Restaurant Association 333 Turnpike Road, Suite 102 Southborough, MA 01772</p>	<p>Options to be trained by MRA:</p> <ul style="list-style-type: none"> • Visit the MRA website at www.marestaurantassoc.org • Call 508-303-9905

¹ 105 CMR 590.009(G)(3)(a) - By February 1, 2011, such food establishments [establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises] shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS

Paul Steeves, Chairman
Paul A. Mullins, Vice-Chairman
Eric S. Arvedon, Clerk

www.foxboroughma.gov

40 SOUTH STREET
Tel (508) 543-1207
Fax (508) 543-6278

Pauline E. Clifford, Health Agent

September 1, 2010

Dear Owner/Manager:

In January 2009, Governor Deval Patrick signed into law the Food Allergy Awareness Act. This Act is designed to minimize the risk of illness and death due to accidental food allergens by increasing awareness. It is estimated the 12 million people in the United States have food allergies. **This is a state wide mandate in Massachusetts.**

By October 1, 2010 all food service establishments must:

1. Post a consumer menu notice on printed menus, takeout menus as well as posted menu boards. A clear and conspicuous notice on the previously mentioned menus will **NEED** to state:

“Before placing your order, please inform your server if a person in your party has a food allergy.”

The notice must be worded exactly in this manner, with **NO** variations.

Other options for compliance with the menu notice are:

- Affix a white or a clear sticker with this notice to the menus
 - Provide posters at all cash registers (at point of sale) with this notice typed with size 17 font or greater
2. All establishments must have an allergen awareness poster visible for all employees at least **8.5in. by 11in. and in color** that is approved by the Department of Public Health. You can get a copy of this poster to print out from the following websites:
 - Foxborough Board of Health - www.foxboroughma.gov
 - The Food Allergy & Anaphylaxis Network - www.foodallergy.org

By February 1, 2011 all food service establishments must have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department of Public Health. **The Department of Public Health has yet to release the certification programs that will be available to comply with this part of the regulation.** We will provide this information as soon as it becomes available.

If you have any questions, please call the Foxborough Board of Health at (508) 543-1207.

Sincerely,

Kevin M. Duquette – Sanitarian, Foxborough Board of Health

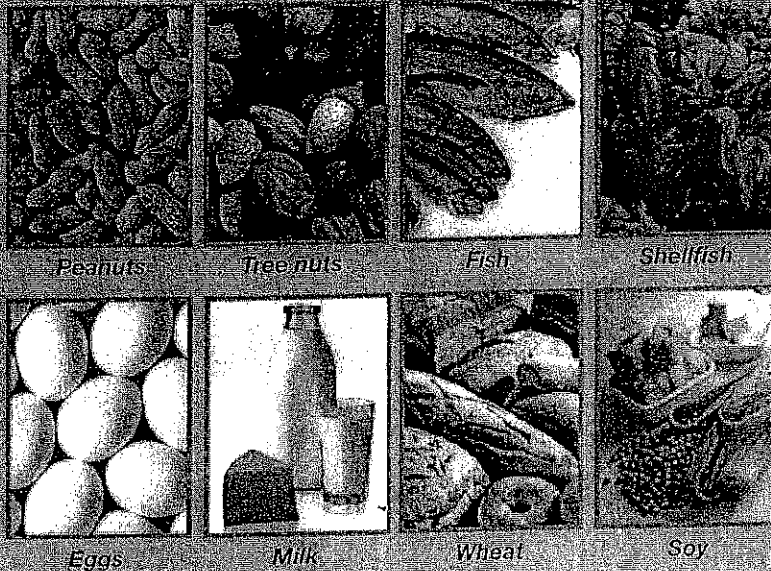
Food Allergies

what you need to know



Millions of people have food allergies that can range from mild to life-threatening.

Most Common Food Allergens



*** Always let the guest make their own informed decision.**

When a guest informs you that someone in their party has a food allergy, follow the four R's below:

- **Refer** the food allergy concern to the chef, manager, or person in charge.
- **Review** the food allergy with the guest and check ingredient labels.
- **Remember** to check the preparation procedure for potential cross-contact.
- **Respond** to the guest and inform them of your findings.

*** Sources of Cross Contact:**

- Cooking oils, splatter and steam from cooking foods.

When any of the below come into contact with food allergens, all must be washed thoroughly in hot, soapy water:

- All utensils (spoons, knives, spatulas, tongs, etc.), cutting boards, bowls and hotel pans.
- Sheet pans, pots, pans and **DON'T FORGET FRYERS AND GRILLS.**

*** If a guest has an allergic reaction, notify management and call 911.**