



Town of Granby

BOARD OF HEALTH

215B West State Street

Granby MA 01033

(413) 467-7174

(413) 467-3101 FAX

MOBILE FOOD PERMIT APPLICATION

Name of the Establishment _____ Date: _____

Owner's/Applicant's Name _____

Owner's/Applicant's Address _____

Telephone _____ Fax _____ email _____

Federal Identification Number or SSN: _____

Person Responsible for Daily Operations (Manager/Supervisor, etc.)

Name _____

Address _____

Telephone _____ Emergency Tel _____ email _____

Establishment Type (Check all that apply)

Truck Pushcart Trailer Other (specify) _____

Is your unit stationary Yes No

Specify Event, Date, Location/Address _____

1. **Attach** a list of ALL foods you plan to serve, including condiments, and state where each is to be purchased.
2. Will all foods be prepared at the mobile food unit? Yes No
If no, attach a copy of a food permit and agreement for use of another approved kitchen.
3. Do you plan to have an open flame? If so, please contact Fire Department for permitting details.
4. Will your table/booth be hooked up to a water supply? ___ Yes ___ No, describe the source of water if not provided on site.
5. Will you be **servicing** ice? (i.e. with beverages) ___ No ___ Yes, if yes, state your **source** for ice and describe the **method** for keeping the ice sanitary before use:

6. Hand washing facilities are required in an accessible location to food handlers. How will this be accomplished?

7. Describe location of toilet facilities for food handlers.

8. What are the means for keeping hot foods hot?

9. Describe how you will keep cold foods cold?

10. **Attach** a drawing of the layout of the mobile food unit. Show cooking area, counters, and all equipment including hand wash facilities, dish wash facilities, ranges, refrigerators, worktables, food storage areas etc.

Attach current copies of:

Current ServSafe certificate

Current Allergen Awareness Training certificate

Worker's Compensation Affidavit statement

Common Victualler's License

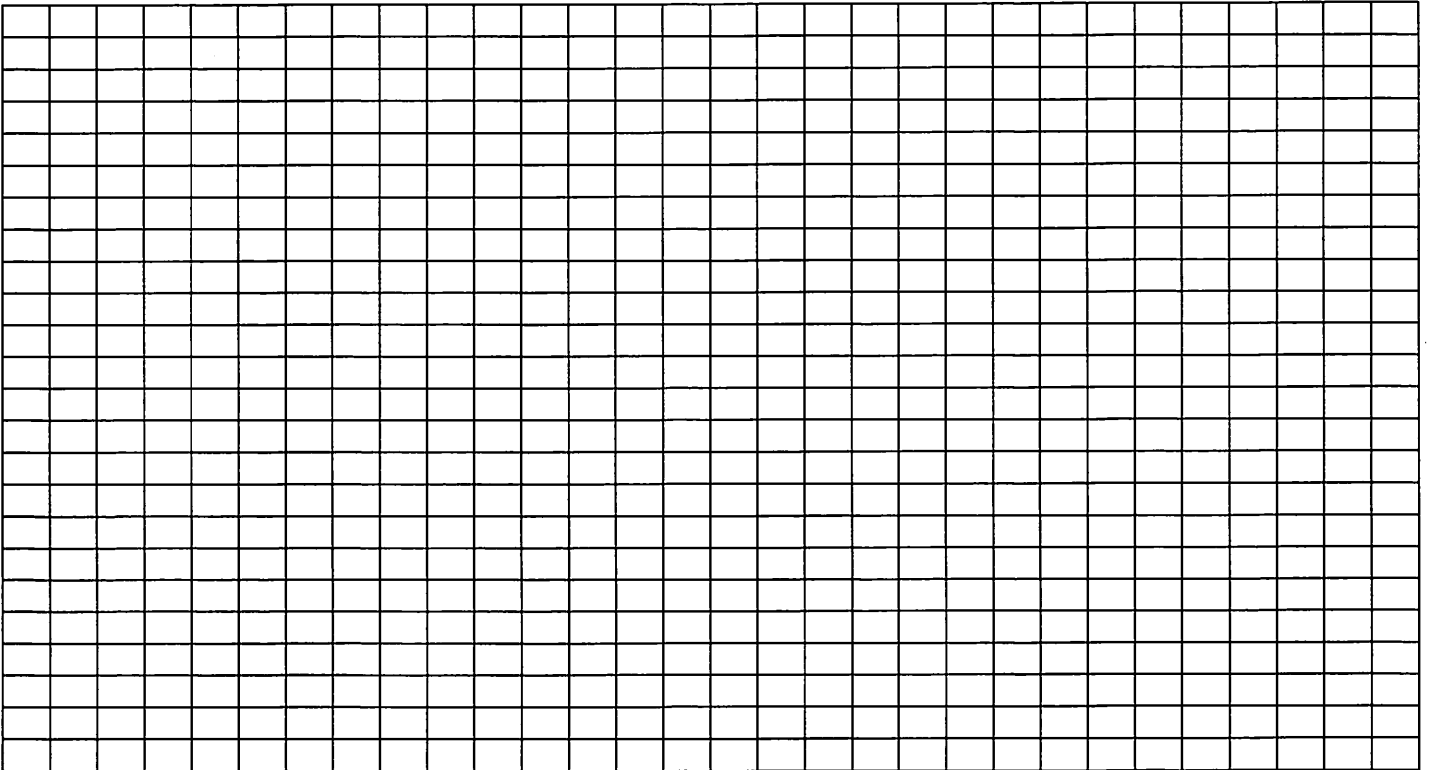
Note: Permit will not be issued without the above documentation.

I, the undersigned, attest to the accuracy of the information provided in this application and affirm that the food establishment operation will comply with 105CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.00 and the Federal Food Code

Signature of Permit Holder: _____ Date: _____

Plan Review:

- A. Draw in the location and identify all equipment including handwash facilities, dishwash facilities, ranges, refrigerators, worktables, food/single service storage, etc. (A certificate from the Fire Department is required for all open flames.
- B. Describe floor, wall and ceiling surfaces:



BOARD OF HEALTH COMMENTS:

PERMIT NUMBER APPROVED BY DATE

Copy to Applicant: In Person Mailed Date _____



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 an 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

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590.004: continued

Packaged food shall comply with standard of identity requirements in accordance with applicable law.

(J) FC 3-602.11(B)(2) Labeling of Ingredients. * FC 3-602.11(B)(2) shall be designated as a critical item if there is one or more undeclared allergenic ingredient(s) in the ingredient statement, which would result in a Class I or II recall.

(K) FC 3-603.11 Consumption of Animal Foods that are Raw, Undercooked, or Not Otherwise Processed to Eliminate Pathogens. * Enforcement of FC 3-603.11 will be implemented January 1, 2001.

590.005: Equipment Utensils and Linen - federal 1999 Food Code Chapter 4

590.006: Water, Plumbing and Waste - federal 1999 Food Code Chapter 5

(A) FC 5-101.13 Bottled Drinking Water. * FC 5-101.13 Bottled Drinking Water * shall be stricken and replaced by the following:

bottled drinking water used or sold in a food establishment shall be obtained from sources, which comply with all applicable laws.

(B) FC 5-102.11 Standards. * In addition to requirements in FC 5-102.11, water from a public water system shall meet requirements set forth in 310 CMR 22.00: Drinking Water

590.007: Physical Facilities - federal 1999 Food Code Chapter 6

590.008: Poisonous or Toxic Materials - federal 1999 Food Code Chapter 7

590.009: Special Requirements

(A) Caterers.

(1) Base of Operations. Each caterer shall have as its base of operations a food establishment that shall comply with the provisions of 105 CMR 590.000, except that a facility holding a permit as a residential kitchen shall not serve as the base of operations for a caterer.

(2) Notification. Each caterer shall:

(a) Notify the board of health of the city or town in which it plans to serve a meal prior to serving any meal elsewhere than in its own food service establishment and shall give written notice to the board of health on a form provided by the board or the Department either prior to or within 72 hours after serving a meal elsewhere than its own food service establishment; and

(b) If required by the board of health or its agent, provide the board with a copy of its food establishment permit prior to serving a meal in a city or town other than the one in which its food establishment is located.

(B) Mobile Food Operations.

(1) Mobile food operations shall comply with the requirements of the federal 1999 Food Code and other applicable provisions of 105 CMR 590.000 except as otherwise provided in 105 CMR 590.009(B). The board of health may impose additional requirements and restrictions to protect against health hazards related to the conduct of the mobile food operation and may prohibit the sale of some or all potentially hazardous foods.

(2) Mobile food operations not equipped with an adequate water and waste system to facilitate handwashing and the cleaning and sanitizing of utensils shall be limited to the preparation and service of frankfurters and non-potentially hazardous foods and to the sale of pre-packaged food prepared at a food processing establishment licensed in accordance with 105 CMR 500.000, except that pre-packaged food may be prepared by the mobile food operator at a licensed food establishment for which he or she holds a permit in accordance with 105 CMR 590.000.

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590.009: continued

- (3) Mobile food operations equipped with an adequate water and waste system to facilitate handwashing and the cleaning and sanitizing of utensils may prepare potentially hazardous foods requiring limited preparation for immediate service, provided that any advanced food preparation, if necessary, is conducted by the mobile operator in a licensed food establishment.
- (4) Mobile food operations shall provide only single-service articles for use by the consumer.
- (5) Condiments, cream and sugar shall be served only from a sanitary dispenser or in individually wrapped servings.
- (6) Mechanical refrigeration or insulated containers with ice or gel packs must be used to maintain product temperature for pre-packaged, ready-to-eat foods which are required to be held at or below 45° F (7° C) or 41° F (5° C). The storage of packaged food in contact with water or undrained ice is prohibited. Wrapped ready-to-eat foods such as sandwiches shall not be stored in direct contact with ice. Effective July 1, 2005, all mobile food operations selling or distributing ready-to-eat PHFs must be equipped with mechanical refrigeration that can maintain PHFs at or below 41° F (5° C).
- (7) Bulk food shall not be used unless purchased from an approved source. Bulk PHFs, with the exception of frozen desserts, must be sold or served on the same day as purchased. All hot food shall be discarded if not used or sold by the end of the day.
- (8) A convenient hand-washing facility must be available on site for employee hand-washing whenever handling unpackaged foods. This facility shall consist of at least sufficient warm running water, soap and individual paper towels. The board of health may approve the use of chemically treated towelettes in lieu of hand-washing facilities if only frankfurters, non-potentially hazardous foods and non-perishable foods are served and there is no bare-hand contact. Chemically treated towelettes must be made available for use by customers in self-service operations.
- (9) A sign shall be provided at consumer self-service operations, which states that the use of bare hands by consumers for self-service is prohibited by state law.
- (10) Equipment.
 - (a) Equipment shall be located and installed in a way that prevents food contamination and that also facilitates cleaning the equipment and establishment.
 - (b) Food-contact surfaces of equipment shall be protected from contamination by consumers and other contaminating agents. Effective shields for such equipment shall be provided, as necessary, to prevent contamination. Mobile food operations, which cook or reheat unpackaged food for hot holding shall be fully enclosed unless equipped with air curtains to prevent the contamination of food and food contact surfaces with environmental contaminants.
 - (c) Ware-washing facilities, when required, shall be available in accordance with the FC for cleaning in-use utensils and food contact surfaces.
- (11) Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where handwashing facilities are available.
- (12) Mobile food operations shall operate from a fixed, licensed food establishment or food processing plant and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations. Mobile food operators shall retain the list of ingredients and the receipt for all bulk foods, which must indicate the name of the food item, the date purchased and the name of the approved food source licensed in accordance with 105 CMR 500.000.
- (13) Servicing areas shall be provided with overhead protection except that areas used only for the loading of water, packaged food or the discharge of sewage and other liquid waste, through the use of a closed system of hoses, need not be provided with overhead protection.
- (14) Mobile food operations shall have identification, i.e., person's name and/or business name, city and telephone number in letters not smaller than three inches, on the left and right door panels of the vehicle or on the left and right sides of the trailer or pushcart.

(C) Temporary Food Establishments.

- (1) A temporary food operation shall comply with all applicable requirements of the federal 1999 Food Code, except as otherwise provided in this 105 CMR 590.009(C). The board of health may impose additional requirements to protect against health hazards related to the conduct of the temporary food operation, may prohibit the sale of some or all potentially hazardous foods, and when no health hazard will result, may waive or modify requirements of 105 CMR 590.000 pursuant to the provisions of 105 CMR 590.010(H).