



Town of Blackstone
 Chairman
Board of Health
 15 St. Paul Street
 Blackstone, MA 01504
 508.883.6335

Josh J. Ryan,

508.876.5130
 Fax:

APPLICATION FOR 1-DAY/TEMPORARY FOOD ESTABLISHMENT PERMIT

ESTABLISHMENT NAME

PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION

IMPORTANT:
 When filling out
 Forms on the
 computer, use
TAB key to move
 to next line – **DO**
NOT USE the
 ENTER key.



- Temporary Food Establishment Application (Pages 2 - 8)
- Certificate of Insurance for Liability with the **Blackstone Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- Certificate of Insurance for Workers' Compensation with the **Blackstone Board of Health** listed as a Certificate Holder (emailed directly from your insurance company)
- Workers' Compensation Insurance Affidavit: General Business form must be filled out completely
- Massachusetts Revenue Enforcement and Protection (REAP) Attestation
- Copies of All Food Certifications (If Applicable)
- Non-Refundable Payment (Check made payable to the Town of Blackstone)

Each Event may operate for a period of no more than 14 consecutive days .

Applicants may either mail their information or apply in person at the Board of Health office.

The office hours are Mon/Wed 8:30 a.m. – 12:30 p.m., Tue 2:00 p.m. – 7:00 p.m., Thu 1:00 p.m. – 4:30 p.m., Fri 8:30 a.m. – 12:00 p.m.

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: YES NO

NOTES: _____



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(Must be submitted at least 14 Business Days prior to Event)

A. ESTABLISHMENT INFORMATION

Establishment Name _____		Operator's Name _____	
Operator's Physical Address _____	City/Town _____	State _____	Zip Code _____
Operator's Mailing Address (If Different from Above) _____	City/Town _____	State _____	Zip Code _____
Operator's Phone Number _____	Operator's Email Address _____		
Food Booth Structure: <input type="checkbox"/> Booth <input type="checkbox"/> Tent <input type="checkbox"/> Food Cart <input type="checkbox"/> Other: _____			

If you are a Mobile Food Truck – DO NOT USE THIS APPLICATION
You MUST complete the Mobile Food Truck Establishment Application

B. EVENT(S) INFORMATION

- EACH SEPARATE EVENT MUST BE LISTED ON PAGE 5 OF THIS APPLICATION.
- IF MULTIPLE DATES AT SAME EVENT & LOCATION, PLEASE PUT ALL DATES ON 1 LINE.

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 at sold. Attach 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 foods be prepared at the temporary food service booth?

YES – Fill out **SECTION B** on Page 3

NO – 1. Attach a copy of the food permit and agreement for use of another approved kitchen giving dates and times.

2. Fill out both **Sections A and B** on Page 3

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.

C. 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: _____

D. 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 AND 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:

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

Unless only NON-TCS Food (Time/Temperature Controls Safety, formerly called Potentially Hazardous Food - PHF) are served, this Food Unit must be over seen by an individual certified in food safety and sanitation. This person must be present when the Food Unit is operating in the Town of Blackstone. You **MUST** provide copy of certification with this application.

- Food Manager Certification is attached.**
- Allergen Awareness Certification is attached.**
- Food Manager Certificate is NOT attached – we will NOT be preparing any PHFs.**

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

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 _____

BLACKSTONE, 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 _____

BLACKSTONE, 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 _____

BLACKSTONE, 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 _____

BLACKSTONE, 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 _____

BLACKSTONE, 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:

I am a Employer with _____ employees (full and/or part-time).*

I am a Sole Proprietor or Partnership and have no employees working for me in any capacity. [No Workers' Comp Insurance Required]

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]**

We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

Business Type (Required):

Retail

Restaurant/Bar/Eating Establishment

Office and/or Sales (Incl. Real Estate, Auto, Etc.)

Non-Profit

Entertainment

Manufacturing

Health Care

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
www.mass.gov/dia