



Town of Blackstone

Board of Health

15 St. Paul Street
Blackstone, MA 01504
508.876.5130

E: healthagent@townofblackstone.org

Josh J. Ryan
Chair

MOBILE FOOD ESTABLISHMENT (M.F.E.) APPLICATION AND REQUIREMENTS

Guidelines and Requirements for obtaining a M.F.E. Permit

Due to the increasing popularity of Mobile Food Establishment and Food Establishment events, the Board of Health has prepared this packet of information for M.F.E. vendors seeking a Food Permit to operate in the Town of Blackstone.

As you know, mobile food establishments offer a wide assortment of foods through a variety of ways – from simple push carts to full-service mobile food operations. We have intended for this guide to be as comprehensive as possible to cover these various operations, so while it may seem cumbersome to address all aspects of the application process, please know that we will work with you to obtain compliance and to make your mobile food establishment a success while it operates in town.

We ask that you complete the entire application. Incomplete applications will take longer to process and may delay your ability to participate in a town event. Please do not hesitate to contact us with your questions.

Inside this packet you will find:

1. Mobile Food Establishment Guidelines, Expectations and Requirements
2. Application Checklist
3. Application for Mobile Food Establishment Permit
4. Mobile Food Establishment Layout Plan
5. REAP Attestation Form
6. Workers Compensation Affidavit
7. Establishment Inspection Checklist
8. Event Information
9. Sample Servicing Area Agreement
10. Compliance/Inspection Checklist

Our top priority is always to protect the public health and ensure food safety in the Town of Blackstone.

We look forward to working with you!!

Mobile Food Establishment Guidelines, Expectations and Requirements

1. A permit is required. Permits may be for One-Day or issued Annually.
 - A 1-Day permit allows your food establishment to operate in the Town of Blackstone for a 1-day event.

- An Annual Permit requires submission of a *Letter of Consent* for use of private property (where mobile food establishment will be operating).
2. An inspection of the food establishment is required – see Mobile Food Establishment Inspection Checklist. Your Food Permit will not be issued until an inspection has been conducted.
 3. Only the M.F.E. that is inspected by the Blackstone Health Agent shall be allowed to operate in Town. No additional M.F.E.'s operating under your food establishment name are allowed UNLESS they are inspected and permitted.
 4. The M.F.E. operator must notify the Board of Health of the locations (where & when) they are in operation in Town.
 5. All foods must be from an approved source. Receipts shall be provided to the Health Agent upon request and shall be maintained on/in the M.F.E.
 6. Water supply must be from an approved source. Water from a private well will not be allowed unless it is approved by a Department of Environmental Protection as a potable water source.
 7. Mechanical refrigeration is required when the M.F.E. is selling/distributing ready-to-eat potentially hazardous foods.
 8. All food, equipment, utensils and single service items shall be handled and stored in such a manner to prevent contamination. (Covered, stored in clean containers, and kept 6 inches off the floor)
 9. **NO FOODS MAY BE PREPARED OR STORED IN A RESIDENTIAL KITCHEN OR PRIVATE HOME.**
*Exceptions: Non-Potentially Hazardous Foods (PHF) such as cakes and cookies prepared in a **licensed** Residential Kitchen are allowed provided that the M.F.E. applicant is the Residential Kitchen License permit holder and a copy of his/her food permit and Inspection Report is included with this application.*
 10. HANDWASHING FACILITIES MUST BE PROVIDED. Hand-wash sinks must be located in such a way that they are easily accessible. The use of disposable gloved can provide an additional barrier to contamination, but gloves are not a substitute for hand washing.
 11. Bare hand contact with ready-to-eat foods is not allowed. Disposable non-latex gloves shall be readily available to M.F.E. employees.
 12. Ice used to cool cans and bottles shall not be used in beverage cups and should be stored separately. Ice must come from an approved source. Use a scoop to dispense ice – never use hands. *Ice can become contaminated with bacteria and viruses and can cause food-borne illness.*
 13. All food equipment must be NSF/ANSI certified.
 14. The use of crock pots is PROHIBITED. (Slow-cooking may activate toxins that can survive the cooking process.)
 15. Garbage and refuse shall be disposed of in a sanitary manner. The premises shall be kept clean.
 16. All trucks shall have walls and floors that are smooth, durable, easily cleanable, and non-absorbent. Floor and wall junctures shall be coved and sealed.
 17. Food contact surfaces shall be non-toxic, smooth, easily cleanable and free of rust, dents or pitting.
 18. Hot holding temperature requirement: 135°F or Higher @ all times

19. Cold holding temperature requirement: 41°F or Below @ all times
20. Thermometers must be present in cold-holding and hot-holding cabinets and be working properly at all times.
21. NO SMOKING is allowed.
22. A manager certified in food safety MUST be present at ALL times the M.F.E. is in operation. His/her food manager certification and allergen awareness certification must be posted within the M.F.E.
23. M.F.E.'s, while operating in the Town of Blackstone, must post their food permit.
24. The required allergen awareness statement must be posted and visible.
25. M.F.E.'s must operate from a licensed commissary or other base of operations which is licensed and inspected by the Board of Health within that town. A Service Agreement AND copy of food permit for the commissary **MUST** be provided with your application.
26. M.F.E.'s with no commissary agreement must be fully contained – supplied with a 3-bay sink, hand-wash sink, mechanical refrigeration, basically a restaurant on wheels. Food receipts must be provided the day of the event showing date of purchase for food products.
27. Straws (if provided) shall be individually wrapped.
28. **Ice Cream Truck Vendors MUST include your Ice Cream Truck Vending Permit (issued by the Police Department)** <https://www.mass.gov/information-about-ice-cream-truck-vendors>



Town of Blackstone Board of Health

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APPLICATION FOR MOBILE FOOD ESTABLISHMENT (M.F.E.) PERMIT (PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

_____ NAME

OF MOBILE FOOD ESTABLISHMENT

PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION

Mobile Food Establishment Application Checklist

- Completed Application (Page 5 through 12)

IMPORTANT:

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



- Mobile Food Establishment Layout Plan
- REAP Attestation Form
- Workers Compensation Affidavit
- Application Fee (1 Day Event or *Annual Permit)
- Menu
- Food Manager Certification
- Allergen Awareness Certification
- Hawkers & Peddlers License
- Commissary Servicing Area Agreement

- Fire Department Inspection (if applicable)

- Event Information Form

- Ice Cream Truck Vending Permit – **for Ice Cream Truck Vendors ONLY**

** For Annual Permit applications – A Letter of Consent to use private property must be included with your application. Please contact Board of Health if you are considering applying for and Annual Permit.*

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

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: YES NO

NOTES: _____

Signature of Board of Health Member/Agent

Date



Town of Blackstone Board of Health

15 St. Paul Street
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INSPECTION DATE: ____ / ____ / ____

APPLICATION FOR MOBILE FOOD ESTABLISHMENT PERMIT

AT TIME OF: _____ AM | PM

Permit Fee: \$50.00 per M.F.E. – 1 Day Event

\$100.00 per M.F.E. – Annual Permit (*All Permits Expire December 31st*)

- Application fee is non-refundable. Make checks payable to the **Town of Blackstone**.
- No applications will be accepted 14 days prior to the Event.
- ***All Inspections must be done 5-7 Business Days PRIOR to Event. Please call to schedule.***

Mobile Food Establishment Vendor Information

Name of Mobile Food Establishment:

Registration #:

Owner's Name:

Phone #:

Mailing Address to which the Permit will be mailed to:

E-Mail Address:

- Hawker & Peddlers License – Expiration Date: _____ (*Provide Copy with Application*)
- Service Agreement – Supply Agreement and Copy of Permit for Licensed Facility (*Base of Operations – Licensed facility at which your Unit is cleaned and sanitized and where food preparation is conducted.*)

Hand-washing facilities available in/on the M.F.E. are easily accessible and provided with the following:

- Hot Water (Temperature Requirement: 100°F - 103°F)
- Paper Towels
- Liquid Soap
- Signage (Must note sink is for hand-washing only)
- Trash Container

Will gloves be available for use by your employees? YES NO

of Employees: _____

Disposable gloves & hand sanitizers can provide an additional barrier to contamination but are **NOT** a substitute for handwashing.

Do you have immediate access (located in food establishment) to a dishwasher or 3-Compartment Sink? YES

NO

If "No" – please explain method of cleaning utensils and equipment during event:

Utensils must be cleaned or replaced every 4 hours! Separate utensils must be utilized for handling raw and cooked animal foods during the cooking process!!!!

SANITIZER: Type of sanitizer you will be using: _____

- Sanitizer test kit must be available for use in mobile food establishment.
- **All food contact surfaces must be sanitized and kept clean at all times.**

GREASE DISPOSAL: Explain method for grease removal and where it will be disposed.

FOOD PREPARATION: Menu – Attach Menu List of **ALL FOOD ITEMS** to be served at the Event(s).

Will all foods be prepared at the event WITHIN the M.F.E.?

YES (Fill out Section B below)

NO (Fill out both Sections A & B below)

SECTION A: At the LICENSED Kitchen (You **MUST** attached copy of food permit and agreement for use of another licensed food establishment along with their **MOST RECENT** Inspection Report)

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
1.							
2.							
3.							
4.							
5.							

SECTION B: In The Mobile Food Establishment

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
1.							
2.							
3.							
4.							
5.							

FOOD PROTECTION, TRANSPORTATION & STORAGE

Describe measures to protect food and maintain temperature (HOT and COLD) during transportation from approved kitchen to event:

Describe measures to protect food and maintain temperature (HOT and COLD) while in **storage** at event:

Describe measures to protect food and maintain temperature (HOT and COLD) during **display** at event:

Food grade thermometers MUST be on-site to verify hot and cold temperatures.

Water and Ice **MUST** be from an approved source – list source(s): _____

Ice used for cold storage for food products MUST NOT be dispensed for consumption to consumer

Packaged food 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.

Explain how food stored in ice will be adequately protected from melting water?

How will FROZEN food be thawed, if necessary, prior to service?

Food source(s) – please list all locations at which food will be purchased for this event: **(Receipts for food products must be made available to health agent upon request.)**

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

Unless only NON-Potentially Hazardous Foods (PHFs) are served, this Mobile Food Unit must be over seen by an individual certified in food safety and sanitation. This person must be present when Mobile Food Establishment is operating in the Town of Blackstone. You **MUST** provide copy of certification with this application.

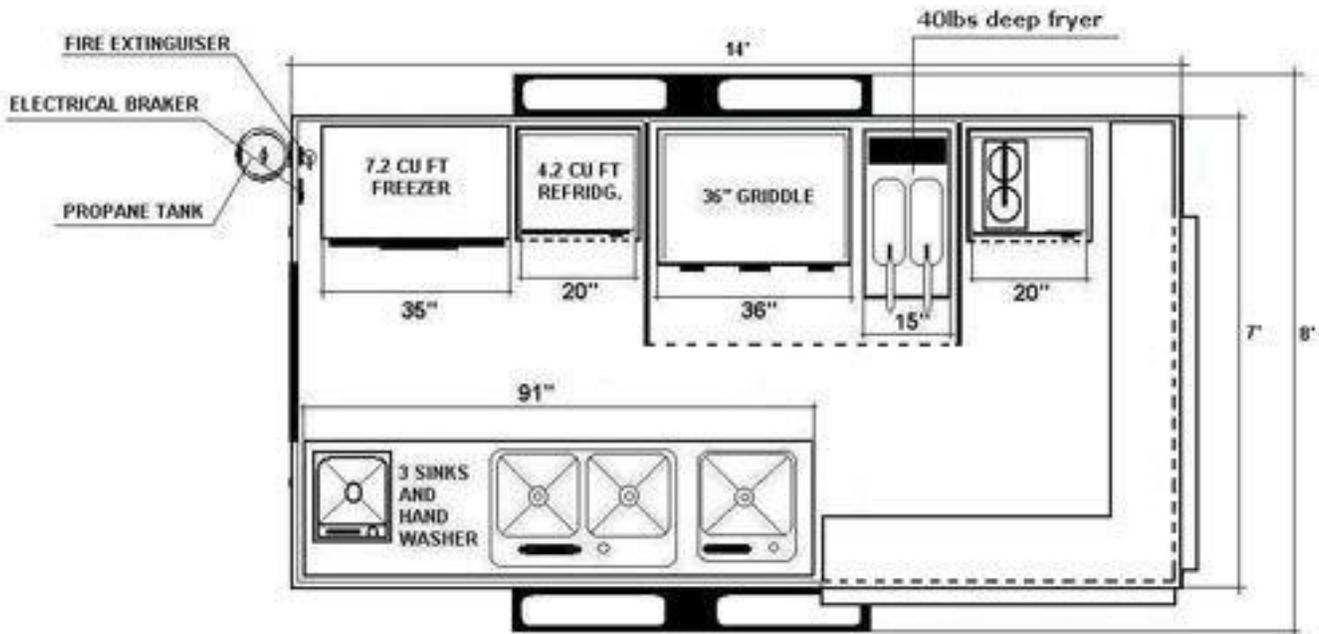
- Food Manager Certification is attached.
- Allergen Awareness Certification is attached.
- Person-In-Charge (PIC) for this event:
- Food Manager Certificate is NOT attached – we will NOT be preparing any PHFs.

I certify by signing this application that I have received and read the Blackstone Board of Health Guidelines for operating a Mobile Food Establishment and I am familiar with 105 CMR 590.000 Minimum Standards for Food Establishments and that this Mobile Food Establishment will be operated and maintained in accordance with these guidelines and regulations.

Establishment Owner: _____ Date: _____ Signature of Mobile Food _____

Layout of Mobile Food Establishment - Using sample below – please describe the layout of your mobile food establishment

SAMPLE OF MOBILE FOOD ESTABLISHMENT LAYOUT:



YOUR MOBILE FOOD ESTABLISHMENT LAYOUT – Please note length and width on diagram along with all food equipment (cooking, hot holding, cold holding sinks (hand-wash/food prep/3bay), water tank, wastewater tank, propane tank, hot water unit, power source, etc.)

OPERATING INFORMATION

- One Day Mobile Food Establishment Permit Application – please complete **Section A** below.
- For Annual Mobile Food Establishment Application – please complete **Section B** below.

Section A – Required for One-Day Permit Applications

EVENT Name:

EVENT Location:

EVENT Date(s):

Rain Date(s):

Expected # of patrons:

EVENT Hours of Operation:

EVENT Set Up (Date & Time):

EVENT Contact Person (Name):

EVENT Contact Person (Phone #):

EVENT Contact Person (Mailing Address):

EVENT UTILITIES:

Describe Electrical supply (Generator or supplied by Event):

--

Describe Potable Water Supply (supplied at Event or from Commissary):

Describe means for Wastewater Disposal (wastewater tank on M.F.E. to be emptied at Event or at Commissary):

Describe for Garbage Disposal & Collection (will trash be taken with you or will Event remove):

Section B – Required for Annual Permit Applications

Operating Location(s): (Letters of agreement for use of the below listed location must be provided)

Expected Hours of Operation: _____

By signing below, I acknowledge that I am required to notify the Board of Health of any changes in the above information regarding the location and hours of operation within the Town of Blackstone.

Signature of Mobile Food Establishment Owner:

Date:

SERVICING AREA AGREEMENT

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

NAME: MOBILE FOOD ESTABLISHMENT (MFE)

OWNER (S) NAME: PHONE #:

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above-mentioned business owner/operator on a:

Daily Basis Weekly Basis Other, Explain:

- | | |
|---|--|
| <input type="checkbox"/> Approved Potable Water Source
<input type="checkbox"/> Waste Water Disposal
<input type="checkbox"/> Cleaning Area for Mobile Food Establishment
<input type="checkbox"/> Overnight Storage for Mobile Food Establishment
<input type="checkbox"/> Overnight Refrigeration | <input type="checkbox"/> Food Preparation Area
<input type="checkbox"/> Food Storage Area
<input type="checkbox"/> Utensil Washing Area
<input type="checkbox"/> Equipment and Utensil Storage Area
<input type="checkbox"/> Prepackaged Foods for Retail Sale |
|---|--|

Servicing Area Name:

Owner/Manager:

Address: City: State: Zip:

Phone Number: Fax Number:

Email Address:

Food Establishment Permit Issued by:

Town/City

Permit #
(Attach copy of Permit/License issued by regulatory agency)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

Signature of Owner/Manager: Date:



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

****Signature of Individual or Corporate Name (Mandatory)***

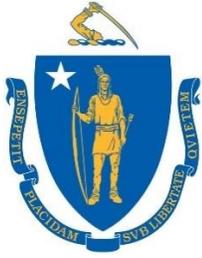
By: Corporate Officer (Mandatory, If Applicable)

*****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.

This request is made under the authority of Massachusetts General Law c. 62C s. 49A.



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:

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 § 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

