



**TOWN OF WEBSTER**  
**Health Department**  
**350 Main St. Webster, MA 01570**  
**(508) 949-3800 x4002**



**Public Health**  
Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS  
Health Director

Danyel Guiou  
Assistant

Janet Stocia, Chairman  
Iwona Miller, Vice Chairman  
James Avery, Member  
Anne Violette, Member  
Matthew Wyke, Member

## **Food Establishment Plan Review Application**

Complete the following application. Please print legibly. An incomplete application and missing documents may delay the review and permit process.

Date: \_\_\_\_\_

### **1. Type of Food Operation**

**Check all the applicable operations**

<input type="checkbox"/> Restaurant – Take Only (No eating on site)	<input type="checkbox"/> Restaurant – Seating (Eating on site)
<input type="checkbox"/> Single-Use Utensils Only	<input type="checkbox"/> Multi-Use Utensils
<input type="checkbox"/> Catering within a Restaurant/Market	<input type="checkbox"/> Catering Only (No Restaurant/Market)

**For Catering Operations, in addition to this application, submit a “Catering Operation Plan Review” Application. Please contact the Webster Health Department for application.**

<input type="checkbox"/> Retail Market – No Food Preparation	<input type="checkbox"/> Retail Market – With Food Preparation
<input type="checkbox"/> Church – With Food Preparation	<input type="checkbox"/> Daycare with Food Preparation
<input type="checkbox"/> Institution – i.e. School, College	<input type="checkbox"/> Nursing Home, Assisted Living, Hospital

Frozen Dessert Manufacturer - Contact the Webster Health Department for a “Frozen Dessert License” Application.

Other – Specify: \_\_\_\_\_

New (New Business / Owner)       Remodel (Existing Business)       Conversion

### **2. Food Establishment Information**

**The establishment name must be the same name listed on the CV (Common Victualler) License Application (if applicable)**

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Webster, MA 01570

Establishment Phone Number: \_\_\_\_\_

### **3. Owner Information**

**The owner must be the same as the owner listed on CV License Application (if applicable)**

Name of Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### 4. Applicant Information

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Title:  Owner  General Manager  Manager  Contractor  Architect  
 Other – Specify: \_\_\_\_\_

#### 5. Hours of Operation

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

#### 6. Operation Information

Total square feet of facility: \_\_\_\_\_ ft<sup>2</sup> Number of floors on which operations are conducted: \_\_\_\_\_

Maximum number of employees per shift: \_\_\_\_\_

Maximum number of employees working on a cookline: \_\_\_\_\_

Maximum number of employees working in food preparation areas: \_\_\_\_\_

**Note: According to MA General Law Chapter 140 Section 2, Food Establishments that offers seating to the public for consumption on the premises requires a Common Victualler (CV) License.**

**According MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.**

Will there be indoor seating/dining?  Yes Number of seats approved by CV: \_\_\_\_\_  Unknown  No

Will there be outdoor seating / dining?  Yes  No

Will the establishment have Sunday entertainment?  Yes  No

Will the establishment have entertainment (example: radio, live music, television)?  Yes  No

Will the establishment apply for an alcohol license?  Yes  No

Will the establishment serve food to a highly susceptible population (HSP)?  Yes  No

Approximately, what is the maximum number of meals that will be served?

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

#### 7. Specialized Processes

**7A. Will any of the below Special Processing Methods be used?  Yes  No**

If yes, check which special process(es) will be used:

<input type="checkbox"/> Cook-Chill	<input type="checkbox"/> Curing & Smoking for Preservation	<input type="checkbox"/> Fermenting
<input type="checkbox"/> Live Molluscan Shellfish Tank	<input type="checkbox"/> Reduced Oxygen Packaging (ROP)	<input type="checkbox"/> Sous Vide
<input type="checkbox"/> Sprouted Seeds	<input type="checkbox"/> Use of Additives to Render a Food as Non-TCS i.e. Sushi Rice	

## Some Special Processes require a HACCP (Hazard Analysis Critical Control Point) Plan and / or a Variance

7B. Will a HACCP Plan be submitted?  Yes – Submit a copy with this application  No

7C. Will a request for a Variance be requested?  Yes  No

- If yes, complete the “Request for Variance Form” including the “Granted Variance” Section of the form. Please contact the Webster Health Department for the form.

7D. Will noncontinuous cooking of raw animal products take place?  Yes  No

- If yes, A Plan must be submitted for review and approval

7E. Will the operation use Time as a Public Health Control (TPHC)?  Yes  No

- If yes, complete “Time as a Public Health Control (TPHC) Request for Variance” Plan Review Form. Please contact the Webster Health Department for the form.

## 8. Food Information

### 8A. Check the categories of TCS foods to be handled, prepared and served:

Thin meats, poultry, fish, eggs – (hamburger, sliced meats, fillets):  Yes  No

Thick meats, whole poultry (roast beef, whole turkey, chickens, hams):  Yes  No

Cold processed foods (salads, sandwiches, vegetables):  Yes  No

Hot processed foods (soups, stews, rice, noodles, gravy chowders, casseroles):  Yes  No

Bakery goods (pies, custards, cream fillings and toppings):  Yes  No

Manufacture frozen desserts and/or ice cream mix – Example soft serve ice cream, gelato  Yes  No

- If yes, an application to “Manufacture Frozen Desserts and/or Ice Cream Mix” is required. Please contact the Webster Health Department for the application

### 8B. What are the projected frequencies of deliveries for the following products:

Dry: \_\_\_\_\_ /week Refrigerated: \_\_\_\_\_ /week Frozen: \_\_\_\_\_ /week

### Provide the amount of storage space (cubic feet) allocated for:

Refrigeration: \_\_\_\_\_ Freezer: \_\_\_\_\_ Dry Storage: \_\_\_\_\_

## 8C. Cook & Serve

List all foods that will be cooked and served hot: \_\_\_\_\_

## 8D. Hot Holding

List all foods that will be hot held prior to service: \_\_\_\_\_

Will hot holding devices be used to hold TCS Foods?  Yes  No

- If yes, Type of Device(s): \_\_\_\_\_ Number of Device(s): \_\_\_\_\_

## 8E. Cold Holding

List all foods that will be held cold prior to service: \_\_\_\_\_

Will raw meats, poultry & seafood be stored in the same refrigerators with cooked/RTE foods?  Yes  No

- If yes, describe how cross-contamination will be prevented between raw and cooked / RTE foods: \_\_\_\_\_

Number of refrigerator units: \_\_\_\_\_ Number of freezer units: \_\_\_\_\_

Will each refrigerator & freezer have a thermometer?  Yes  No

Does the establishment currently have a working walk-in refrigerator?  Yes  No

- If yes, it must be **evaluated by an HVAC (Heating, Ventilation, Air Condition) professional. Additionally, any existing refrigeration must also be evaluated by an HVAC professional. Provide a copy(s) of all service report including any repairs/adjustments.**
- If no, will a walk-in refrigerator be installed?  Yes  No

#### 8F. Cooling

List all foods that will be cooked and cooled prior to service: \_\_\_\_\_

List all foods that will be cooled after hot holding: \_\_\_\_\_

Indicate below the cooling method used, the type of TCS food that will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours) and the location of cooling:

**Example:**

<input checked="" type="checkbox"/> Shallow Containers	Type of food(s): <b>Rice</b>	Location: <b>Walk-in</b>
<input type="checkbox"/> Shallow Containers	Type of food(s): _____	Location: _____
<input type="checkbox"/> Ice Bath	Type of food(s): _____	Location: _____
<input type="checkbox"/> Blast Chiller	Type of food(s): _____	Location: _____
<input type="checkbox"/> Stir with Frozen Ice Sticks	Type of food(s): _____	Location: _____
<input type="checkbox"/> Other Methods – Specifv:	Type of food(s): _____	Location: _____

#### 8 G. Reheating

List all foods that will be cooked, cooled and reheated prior to service: \_\_\_\_\_

Describe how and where TCS foods that are cooked, cooled and reheated for hot holding will be reheated and to what temperature. Attach additional sheets if necessary.

**Example:**

Cooking Device:	Stove	Type of food(s):	Soups	Temperature:	165°F	Holding Device:	Steam Table
Cooking Device:		Type of food(s):		Temperature:		Holding Device:	
Cooking Device:		Type of food(s):		Temperature:		Holding Device:	
Cooking Device:		Type of food(s):		Temperature:		Holding Device:	

Will food thermometers be used to measure final cooking & reheating temperatures of TCS foods?  Yes  No

- If yes, what type of temperature measuring device?

**8 H. Thawing Frozen Methods for TCS Food(s)**

Check all that apply and indicate where thawing will take place:

Thawing Method	Thick Frozen Foods Approximately more than 1 inch thick	Thin Frozen Foods Approximately 1 inch or less thick
Refrigeration	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Running water less than 70°F	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Cooked from frozen state	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Microwave - part of the cooking process	□	□
Other – Describe:		

**8 I. Food Handling Procedures**

Describe the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked etc. (prep table, sink, counter etc.)
- When food will be handled / prepared (time of day and frequency / day)

Ready to Eat Foods (RTE) – Example: salads, cold sandwiches, and raw molluscan shellfish: \_\_\_\_\_

Produce: \_\_\_\_\_

Poultry: \_\_\_\_\_

**Meat:** \_\_\_\_\_  
\_\_\_\_\_

**Seafood:** \_\_\_\_\_

Does the establishment have a basement?  Yes  No

If yes, what will the basement be used for?  Food Preparation  Food Storage  Storage - Nonfood

If the basement will be used for food preparation, describe how it will be used: \_\_\_\_\_  
\_\_\_\_\_

**Include a sketch and layout of the basement that identifies the locations of all equipment, sinks etc. and provide the equipment specification sheets.**

**If the basement is to be used for food and single-use item (to-go items) storage, they shall not be stored under sewer pipes.**

## **9. Ware Washing – Mechanical and Manual**

**9A. Will a dish machine be used?**  Yes  No – If no, check No and Skip to **Section 9B.**

If yes – Make: \_\_\_\_\_ Model: \_\_\_\_\_

Will ventilation be provided?  Yes  No

What type of sanitizer will be used in the dish machine?  Hot Water  Chemical – Type: \_\_\_\_\_

If hot water, will the final rinse be pressurized?  Yes  No

If pressurized, will the machine have a pressure gauge?  Yes  No

Will the machine be equipped to automatically dispense detergents and sanitizers?  Yes  No

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered or not delivered to the respective washing and sanitizing cycles?  Visual  Audible

What is the waste pipe connection?  Direct  Indirect (air gap)

**Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.**

**9B. Will a 3-compartment sink be installed?**  Yes  No

3-Compartment sink: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Depth: \_\_\_\_\_

Sanitizer that will be used:  Chlorine - Name: \_\_\_\_\_  Quaternary – Name: \_\_\_\_\_

Contact time for sanitizer: Contact Time: \_\_\_\_\_ Contact Time: \_\_\_\_\_

Will the largest pot & pan fit into each compartment of the 3-compartment sink?  Yes  No

- If no, describe the cleaning method that will be used: \_\_\_\_\_  
\_\_\_\_\_

## 9C. Drying Space

Describe the location & type of device used for air drying clean equipment – Example: drainboards, wall-mounted, overhead shelves, stationary, or portable racks: \_\_\_\_\_

## 10. Bar Area

Will the establishment have a bar?  Yes  No – If no, check No and Skip to **Section 11**.

Will a 3-compartment be installed at the bar?  Yes  No

Will a glass machine be used?  Yes  No Make: \_\_\_\_\_ Model: \_\_\_\_\_

What type of sanitizer will be used?  Hot Water  Chemical – Type: \_\_\_\_\_

If hot water, will the final rinse be pressurized?  Yes  No

If pressurized, will the machine have a pressure gauge?  Yes  No

Will the machine be equipped to automatically dispense detergents and sanitizers?  Yes  No

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered or not delivered to the respective washing and sanitizing cycles?  Visual  Audible

What is the waste pipe connection?  Direct  Indirect (air gap)

**Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.**

## 11. Cleaning & Sanitizing

Indicate below the type of sanitizer that will be used on food contact surfaces:

Chlorine - Brand Name: \_\_\_\_\_ Contact Time: \_\_\_\_\_

Quaternary – Brand Name: \_\_\_\_\_ Contact Time: \_\_\_\_\_

Other– Brand Name: \_\_\_\_\_ Contact Time: \_\_\_\_\_

## 12. Water Supply

Type of water source:  Municipal  Well

Type of water heater:  Tank  Tankless – How many: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_ Storage capacity: \_\_\_\_\_ gallons

Input rating:  Electric \_\_\_\_\_ kW  Gas \_\_\_\_\_ BTU's

Will an ice machine be installed?  Yes  No

Where will it be located? \_\_\_\_\_

What is the waste pipe connection?  Direct  Indirect (air gap)

## 13. Sewage Disposal

Where will the grease trap/interceptor be located? \_\_\_\_\_

How often will the grease trap(s) be cleaned? \_\_\_\_\_

## 14. Refuse & Recyclables

Will refuse/garbage be stored inside?  Yes  No

- If yes, identify location: \_\_\_\_\_

Describe how and where garbage cans and floor mats will be cleaned: \_\_\_\_\_

Will a dumpster be used?  Yes  No

- If no, describe how refuse/garbage will be disposed: \_\_\_\_\_

- If yes, how many? \_\_\_\_\_ Size: \_\_\_\_\_ Frequency of pick-ups: \_\_\_\_\_

Identify the dumpster location: \_\_\_\_\_

Name of company used for refuse pick-up: \_\_\_\_\_

How will grease be disposed? \_\_\_\_\_

Name of company used for grease pick-up: \_\_\_\_\_

### All Waste Disposal Companies must be licensed with the Town of Webster Health Department

Will there be an area to store recyclables?  Yes  No

Identify the area to store returnable damaged goods: \_\_\_\_\_

## 15. Pest Control

Describe method of pest control for the establishment including frequency: \_\_\_\_\_

Will screens be provided on all entrances left open to the outside such as window(s)?  Yes  No

Will all openable windows have mesh screening (minimum #16 mesh)?  Yes  No

Will air curtains be installed?  Yes  No

- If yes, describe location: \_\_\_\_\_

## 16. Dressing Rooms & Employee Accommodations

Are employees required to change into uniforms at the establishment?  Yes  No

Will dressing rooms/ lockers be provided?  Yes  No

Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.): \_\_\_\_\_

Will toilette facilities be shared for employees and customers?  Yes  No

Will mechanical ventilation be provided in the toilette facilities?  Yes  No

Will the toilette facilities door be self-closing?  Yes  No

## 17. Cleaning Facilities

Will a mop/utility sink be installed?  Yes  No

Describe the location where mops and other cleaning equipment will be stored: \_\_\_\_\_

Describe where the cleaning & sanitizing solutions for the workstations will be stored: \_\_\_\_\_

Identify the location for chemical storage: \_\_\_\_\_

## 18. Linens & Laundry Facilities

Will linens be laundered on site?  Yes  No

- If yes, what will be laundered and where? \_\_\_\_\_

- If no, how and where will linens be cleaned? \_\_\_\_\_

Identify the location of clean and dirty line storage: \_\_\_\_\_

How often will linens be delivered and picked up? \_\_\_\_\_

## 19. Employee Health

Do you have written procedures to follow when responding to vomiting or diarrheal events?  Yes  No

- If yes, provide a copy
- If no, see page 21 for guidelines

Is there a Written Employee Health Policy for all employees?  Yes – Provide a copy  No – See page 22

The FDA “Employee Health & Personal Hygiene Handbook” can be used as a guide to develop the written plan and is a great resource. The handbook can be found at:

<https://www.fda.gov/media/77065/downloads>

## 20. Plumbing Schedule

**Check the appropriate box indicating equipment drains**

Plumbing Fixtures	Floor Sink	Hub Drain	Floor Drain	Direct Waste
Bar Glass Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Storage Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Wash Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Ware Washing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ware Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 21. Finish Schedule

Indicate the materials that will be used in the following areas (example: Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile etc.).

Area / Room	Floor	Coving	Wall	Ceiling
Bar Area				
Cook Line				
Dressing/Locker Rooms				
Food Preparation				
Food Storage				
Garbage & Refuse Storage				
Mop/Utility Sink Area				
Other Storage				
Toilet Room(s)				
Ware Washing Area				
Walk-in Refrigerator/Freezer				
Other - Specify				
Other - Specify				
Other - Specify				

## 22. Project Information

Projected Date for Start of Project: \_\_\_\_\_ Projected Date for Completion of Project: \_\_\_\_\_

**After six (6) months if the work has not started or an extension has not been granted by the Webster Health Department, your plan review application will be considered null and void.  
Fees are nonrefundable.**

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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. I hereby attest to the accuracy of the information provided above, and fully understand that any deviation from the above without prior permission from the Webster Health Department may nullify final approval.

Approval of these plans and specifications by the Webster Health Department does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **A preopening/preoperational inspection of the establishment with equipment in place and operational will be required to determine if it complies with the local and state laws governing food service establishments.**

**For the plan review, submit the following documents**

**Incomplete applications and missing documents may cause a delay in the plan review and decision-making process:**

Completed "Food Establishment Plan Review Application"

Applicable Fee – See below. **All Fees are Nonrefundable.** At this time, credit cards are only accepted online. Make checks / money orders payable to the "**Town of Webster**".

<input type="checkbox"/>	<b>• New Establishment</b>	<b>\$150.00</b>
<input type="checkbox"/>	<b>• Complex Renovation</b>	<b>\$75.00</b>
<input type="checkbox"/>	<b>• Simple Renovation</b>	<b>\$25.00</b>

Proposed Menu – Indicate items that will be cooked on site or purchased pre-made

HACCP Plan (Hazard Analysis Critical Control Point) Plan Review Application (if applicable) containing all required information (for Special Processes requiring a HACCP Plan).

One complete set of plans for the entire establishment including the basement (if applicable), drawn to scale (recommended  $\frac{1}{4}$  inch scale) as well as an electronic copy. The plans should include and identify the following:

Equipment plan and schedule showing locations of all equipment

Plumbing plan showing hot and cold-water supply, waste lines from fixtures, water heater location, floor drain and sink locations

Electric plan and/or lighting plan identifying lighting installations

Interior room finish schedule

Hand sinks and toilet facilities with soap and paper towel provisions

Ware washing facilities and food preparation sinks

Frozen dessert manufacturing area/machine (if applicable)

Restrooms/toilet facilities

Storage rooms/areas for food

Service/utility sink/cleaning facilities

Chemical storage area

Employee storage area/changing rooms

Outdoor dining area including service area (if applicable)

One set of manufacturer equipment specification sheets for all equipment to be used in the establishment

Previously "used", existing or refurbished equipment must be evaluated by a Certified Refrigeration Company / HVAC (Heating Ventilation and Air Conditioning) / Professional. This evaluation report must be submitted including any repairs or adjustments that were made.

Previously "used", existing or refurbished mechanical dish/glass machines must be evaluated by a dish machine technician. This evaluation report must be submitted including any repairs or adjustments that were made.

Vicinity map and site plan showing location of establishment site including alleys, streets and location of any outside equipment of facilities (dumpsters, well, septic system if applicable)

A copy of your Written Employee Health Policy – See page 22

Completed "Permit Application to Operate a Food Establishment" – See page 14

---

A copy of the following certificates (if applicable):

- Certified Food Manager's Certificate
- Allergy Awareness Certificate
- Choke Save Training Certificate – Applicable to establishments with seating

---

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

**For Official Use Only**

Reviewed By: \_\_\_\_\_ Title: Public Health Inspector

Date Review Began: \_\_\_\_\_ Assigned Risk Category: \_\_\_\_\_

Date of Review  
Decision: \_\_\_\_\_ Assigned District: \_\_\_\_\_

---

---



**TOWN OF WEBSTER**  
**Health Department**  
**350 Main St. Webster, MA 01570**  
**(508) 949-3800 x4002**



**Public Health**  
Prevent. Promote. Protect.

Camille Griffin, MPH, REHS/RS  
Health Director

Danyel Guiou  
Assistant

Janet Stocia, Chairman  
Iwona Miller, Vice Chairman  
James Avery, Member  
Anne Violette, Member  
Matthew Wyke, Member

## **Permit Application to Operate a Food Establishment**

Complete the following application. Please print legibly. Incomplete applications and missing documents may delay the review and permitting process. According to the 2013 FDA Food Code 8-301.11, a person may not operate a food establishment without a valid permit to operate issued by the Local Board of Health.

Date: \_\_\_\_\_

### **Type of Application:**

New Food Establishment Permit

Renewal of Existing Food Establishment Permit

### **Food Establishment Information**

**The establishment name must be the same name listed on the CV (Common Victualler) License Application**

Name of Food Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Webster, MA 01570

Phone Number: \_\_\_\_\_

Indoor Seating:  Yes  No Number of Seats approved by Common Victualler (CV) License: \_\_\_\_\_

Outdoor Seating:  Yes  No Number of Seats approved by Common Victualler (CV) License: \_\_\_\_\_

**Common Victualler License:** According to MA General Law Chapter 140 Section 2, Food Establishments that offer seating to the public for consumption on the premises requires a CV License. For more information contact the Town of Webster **Town Administrator** located at **Town Hall, 350 Main St, 1<sup>st</sup> Floor, 508-949-3800 x4000**

**Anti-Choking Procedures:** According to MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.

### **Owner Information**

**The information listed below must be the Legal Owner as per the CV License (if applicable)**

Name of Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **Check the applicable type of business below:**

<input type="checkbox"/> Association	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other – Specify: _____
--------------------------------------	--------------------------------------	-------------------------------------	--------------------------------------	---

- If corporation, association or partnership, attach a list of the names, addresses and phone numbers of the officers

**Complete the following for the above checked box:**

Name of Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information**

**To qualify for a Food Establishment Permit, the applicant shall be an owner or officer of the legal ownership**

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Person-in-Charge Information**

**The permit holder shall be the person in charge (PIC). If the permit holder is not present, a PIC shall be designated and shall be present at the food establishment during all hours of the operation.  
There must always be a designated PIC.**

Name of Person **Directly** responsible **at** the Food Establishment: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Title:  Owner  Manager  General Manager  District Manager  Other – Specify: \_\_\_\_\_

**Person Responsible for Receiving and Addressing Inspection and Complaint Concerns**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**This email above will be used to send the electronic inspection reports and communication**

**24 Hour Emergency Contact Information**

Name: \_\_\_\_\_ 24 Hour Phone Number: \_\_\_\_\_

**Operation Information**

**Please check the appropriate boxes below for the operations performed at your establishment:**

**TCS means: Time Temperature Control for Safety Food – Foods that require refrigeration**

A.  My food operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food** that is **NOT TCS foods**.

Example: Potato Chips, Candy, Cookies

Establishment Type Example: Convenient store or gas station with no refrigeration and no refrigerated food products

B.  My food operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food that ARE TCS foods**.

Example: Milk, Cheese, Frozen Products etc.

Example of Type of Establishment: Convenient store with refrigerated food products

C.  My food operation **does prepare food** however the foods are **NOT TCS foods**.

Example: Dessert items - cookies, brownies, cakes that **DO NOT require refrigeration**.

Example of Type of Establishment: Bakery

**My food establishment operation prepares, offers for sale, or serves TCS for:  
(check all that are applicable):**

D1.  My food operation prepares / cooks' items only upon a Consumer's request.

Example: A customer orders a cheeseburger and it's cooked and served to the customer immediately

D2.  My food operation prepares food in advance in quantities based on projected consumer demand and discards food that has not been sold or served at an approve frequency.

Example: Soup is cooked, held in a steam table and disposed at the end of the day.

D.3  My food operation uses time as a public health control (TPHC) as specified under §3-501.19 in 2013 FDA Food Code.

Example: Storing at TCS Food at room temperature for a period of time  
(this requires review from the department).

E.  My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing.

Example: Cooking chicken with vegetables, cooling, and reheat to hot hold in a steam table

F.  My food operation uses a Special Process

Example: Use of additives to render a food non-TCS (i.e. sushi rice), reduced oxygen packaging (ROP) / vacuum packing, cook-chill, sous vide, curing and smoking foods for preservation, live molluscan shellfish tank, fermentation (i.e. kimchi), sprouted seeds.

G.  My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

Example: Catering Operation

H.  My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for service to a **Highly Susceptible Population** (HSP- See definition below).

**HSP means individuals who are more likely than other people in the general population to experience foodborne disease because they are immunocompromised; preschool age children, or older adults. The facility provides food and services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.**

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

\_\_\_\_\_ Federal Identification Number

Total Fee Enclosed: \$ \_\_\_\_\_

\_\_\_\_\_ Signature of Individual Corp. / Officer

**To obtain a Permit to Operate a Food Establishment, submit the following:**

Completed "Application for a Permit to Operate a Food Establishment". An incomplete application and missing documents may cause a delay in the permit process. **Do not leave any blank spaces.** Include your Federal Identification Number and Signature.

Permit Fee – See below for "Food Service Establishment Fee Schedule". Make check payable to "Town of Webster". **All Fees are nonrefundable.**

Completed "Workers' Compensation Insurance Affidavit: General Businesses" – See page 19.

Attached a copy of the workers' compensation policy declaration page that shows the policy number & expiration date.

A copy of the Person-in-Charge (PIC) Certified Food Protection Manager **AND** Allergy Awareness Certificates (if applicable). Check the expiration date. If your certificate is expired, submit a copy of the invoice for recertification.

- For training, visit: <https://www.mass.gov/lists/retail-food>

Copies of Choke Save Training - According to MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.

A copy of your "Written Employee Health Policy" – See page 22.

**Food Service Establishments Fee Schedule**

Bars and Restaurants	\$250.00 (plus \$1.00 per seat)
Mobile Food Vendors	\$150.00
Catering	\$150.00

**Retail Store Food Establishments**

Less than 1,000 ft <sup>2</sup>	\$50.00
1,000 – 2,500 ft <sup>2</sup>	\$150.00
2,500 – 50,000 ft <sup>2</sup>	\$250.00
Over 50,000 ft <sup>2</sup>	\$350.00

**If you plan to change or implement the following processes, plans must be submitted to the Webster Health Department for review and approval PRIOR to implementation.**

- Remodeling the establishment / Changing Equipment.
- Adding Special Processes such as but not limited to: Smoking of Foods / Acidification as means of Food Preservation, Reduced Oxygen Packaging (ROP), Partial Cooking of Raw Animal Foods, and Using Time as a Public Health Control. Detail plans and specific information must be submitted for review.

**Webster Health Department is open extended hours on Monday from 8:00 am to 7:00 pm  
Tuesday, Wednesday, and Thursday from 8:00 am to 4:00 pm  
Friday office hours are reduced to 8:30 am to 12:00 pm**

**If there are questions, please call the Webster Health Department at 508-949-3800 x4002**

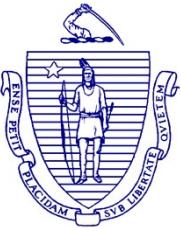
**The following are useful websites for your business operation:**

**“FDA Employee Health & Personal Hygiene Handbook”, visit:**  
<https://www.fda.gov/media/77065/downloads>

**“Merged Food Code” (105 CMR 590.000 & 2013 FDA Food Code), visit:**  
<https://www.mass.gov/files/documents/2019/01/04/Merged-Food-Code-11-16-18.pdf>

**Risk Categorization of Food Establishments**

<b>Risk Category</b>	<b>Description</b>	<b>Frequency of Insp/Yr.</b>
1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, non-potentially hazardous foods (non-time/temperature control for safety (TCS) foods). Establishments that prepare only non-potentially hazardous foods (non-TCS foods). Establishments that heat only commercially processed, potentially hazardous foods (TCS foods) for hot holding. No cooling of potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of potentially hazardous foods (TCS foods) after preparation or cooking. Complex preparation of potentially hazardous foods (TCS foods) requiring cooking, cooling, and reheating for hot holding is limited to only a few potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented	2
3	An example is a full-service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many potentially hazardous foods (TCS foods). Variety of processes require hot and cold holding of potentially hazardous food (TCS food). Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3
4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	4



**The Commonwealth of Massachusetts Department of  
Industrial Accidents  
1 Congress Street, Suite 100  
Boston, MA 02114-2017  
www.mass.gov/dia**

**Workers' Compensation Insurance Affidavit: General Businesses.  
TO BE FILED WITH THE PERMITTING AUTHORITY.**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ -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 workers' comp. insurance required]\*\*

We are a non-profit organization, staffed by volunteers, 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
- \_\_\_\_\_

\*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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)

Form Revised 02-23-15

## **Clean-up of Vomit and Diarrheal Events Guidelines**

### **Keep for your records**

When an employee, customer, or other individual vomits or has a diarrheal event in a food establishment, there is a real potential for the spread of harmful pathogens in the establishment. Putting the proper response into action in a timely manner can help reduce the likelihood that food may become contaminated and that others may become ill as a result of the accident.

Norovirus is the leading cause of foodborne disease outbreaks in the United States and can be highly contagious even with a small number of viral particles. Transmission occurs via foodborne and person-to-person routes, airborne inhalation of vomitus droplets, and through contact with contaminated environmental surfaces.

Effective clean-up of vomitus and fecal matter in a food establishment should be handled differently from routine cleaning procedures. It should involve a more stringent cleaning and disinfecting process. Some chemicals that are routinely used for sanitizing food-contact surfaces and disinfecting such as certain quaternary ammonium compounds may not be effective against Norovirus.

A clean-up and response plan is intended to address situations where a food employee or other individual becomes physically ill in areas where food may be prepared, stored or served. **Once such an episode has occurred, TIMELY, EFFECTIVE clean-up is IMPERATIVE**

#### **When developing a Plan that addresses the need for the cleaning & disinfection of a vomitus and / or diarrheal contamination event, a food establishment should consider the following:**

- The Procedures for containment and removal of any discharges, including airborne particulates.
- The Procedures for cleaning, sanitizing, and, as necessary, the disinfection of any surfaces that may have become contaminated.
- The Procedures for the evaluation and disposal of any food that may have been exposed to discharges.
- The availability of effective Disinfectants, personal protective equipment, and other cleaning and disinfecting equipment and appurtenances intended for response and their proper use.
- Procedures for the disposal and / or cleaning and disinfection of tools and equipment used to clean up vomitus or fecal matter.
- The circumstances under which a food employee is to wear personal protective equipment for cleaning and disinfection of a contaminated area.
- Notification to food employees on the proper used of personal protective equipment and procedures to follow in containing, cleaning, and disinfecting a contaminated area.
- The segregation of areas that may have been contaminated so as to minimize the unnecessary exposure of employees, customers and others in the facility to the discharges or to surfaces or food that may have become contaminated.
- Minimizing risk of disease transmission through the exclusion and restriction of ill employees as specified in 2-201.22 of the 2013 FDA Food Code.
- Minimizing risk of disease transmission through the prompt removal of ill customers and others from areas of food preparation, service and storage; and the conditions under which the plan will be implemented.
- Conditions under which the Plan will be implement.

# Food Employee Reporting Agreement

## Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

### **I AGREE TO REPORT TO THE PERSON IN CHARGE:**

#### **A. SYMPTOMS OF:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

#### **B. MEDICAL DIAGNOSIS OF BEING ILL WITH:**

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

#### **C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:**

Have you ever been diagnosed as being ill with one of the diseases listed above?  Yes  No

If yes, what was the date of the diagnosis?

#### **D. HIGH-RISK CONDITIONS**

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Name of Food Employee or Conditional Food Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_

Signature of Permit Holder or Representative: \_\_\_\_\_ Date: \_\_\_\_\_