



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

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Assistant

Janet Stoica, Chairman
Iwona Miller, Vice Chairman
Matthew Wyke, Member
Anne Violette, Member
Pete Carbonneau, 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, 1st 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: _____
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- **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 combing 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 combing 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 6.
☐ 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 9.

Food Service Establishments Fee Schedule

Bars and Restaurants	\$250.00 (plus \$1.00 per seat)
Catering	\$150.00
Nursing Home/ Health Care Facility	\$300.00
Private Clubs	\$100.00

Retail Store Food Establishments

Retail (Pre-packaged foods only)	\$100.00
Grocery Store	\$300.00

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

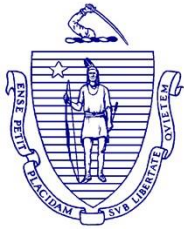
The following are useful websites for your business operation:

“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

Risk Category	Description	Frequency of Insp/Yr.
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 #: _____

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 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

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 use 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 implemented.

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: _____