# DIVISION OF HEALTH INSPECTIONS PROCEDURES FOR APPLYING FOR A HEALTH PERMIT

# PLAN REVIEW PROCEDURES (for establishments being constructed) (BY APPOINTMENT ONLY)

- 1. Complete a Health Division Application
- 2. Pay Health Division fees
- 3. Have four (4) sets of plans
- 4. Submit one (1) copy of all new equipment specification forms from manufacturer w/NSF/UL approval. NSF standard #7 for refrigeration
- 5. Complete and submit a Food Plan Review Worksheet
- 6. Submit one (1) copy of menu w/consumer advisory (if appropriate)
- 7. Submit signed plans to the Building Division with Building Permit applications and appropriate fees
- 8. Building permit must be signed off by inspectors
- 9. Proceed to next session

# APPLYING FOR A PERMIT (APPLICATIONS ARE ACCECPTED IN PERSON ONLY)

- 1. Apply/obtain the appropriate Certificate of Occupancy and/or Certificate of Inspection from Building Division
- 2. Bring copy of Certificate of Occupancy and Certificate of Inspection to the Health Division
- 3. Complete the Health Division application
- 4. Submit a copy of the Fulltime onsite Food Manager Certification and Allergen Awareness Certification
- 5. Submit common Victuallers License (for Restaurant only)
- 6. Pay Health Fees and request a "Pre-Opening inspection from the Health Division



#### BOSTON INSPECTIONAL SERVICES DEPARTMENT

#### DIVISION OF HEALTH INSPECTIONS

#### 1010 MASSACHUSETTS AVE.

#### BOSTON, MA 02118

Tel (617) 635-5326 Fax (617) 635-5388

	FOR BOAR	RD OF HEALTH US	E ONLY	
Date Received	Date Inspected	Approved By	Permit # Issued	<u>Fee</u>

#### **Food Establishment Permit Application**

r	ood Establishment Pe	тин Арриса	ation		
1) Establishment Name:					
2) Establishment Address:					
3) Establishment Mailing	Address (if different):				
4) Establishment Telephor	ne No:				
5) Applicant Name and Ti	tle:				
6) Applicant Address:					
7) Applicant Telephone N	0:				
8) Owner Name and Title	(if different from applicant):				
9) Owner Address (if diffe	erent from applicant):				
10) Establishment Owned By:		11) If a corporation or partnership, give name,			
		title and home	address of officers	s or partners:	
☐ An association		Name:	<u>Title:</u>	Address:	
☐ A corporation				_	
☐ An individual				_	
A partnership					
Other Legal ent	ity				
	nsible for Daily Operations (Own	er, Person in Charg	e, Supervisor, Ma	nager etc.)	
Name & Title :					
Address:					
Telephone No:		Fax:			
Emergency Telephone No:					
13) District Or Regional S	Supervisor (if applicable)				
Name & Title:					
Address:					
Telephone No:		Fax:			

14) Source of Water			15) Rubbi	ish Disp	osal Co.
Sewage Disposal			Rende	ering Co	o. (For Grease)
16) Days and Hours of Operation:			17) No. of Food Employees		
18) Name of Person In Charge Certified	in Fo	od Protection Managem	ent:		
Required as of 10/1/2001 in accordance with 1	05 CM	(R 590.003(A)). Please attach co	opy of certificate	2.	
19) Person Trained In Anti-Choking Pro				Yes	□ No
20) Location:	21) I	Establishment Type (che	ck all that d	apply)	
(check one)		Retail ( sq.ft)		Caterer	r
☐ Permanent Structure		Food Service ( Sea	nts)	Food D	<b>D</b> elivery
☐ Mobile					ntial Kitchen for Retail Sale
Reg.#:		Food Service-Institution	on   Residential Kitchen for Bed and		
Base of Operation:		( Meals/Day)	)	Breakfa	ast Home
22) Length of Permit:		( Beds)		Resider	ntial Kitchen for Bed and
(check one)				Breakfa	ast Estab.
☐ Annual				Frozen	Dessert Manufacturer
☐ Seasonal/Dates		Other (Describe):			
		·			
☐ Temporary/Dates/Time					
23) Food Operations: Defin	nitions	S: PHF-potentially hazardo	ous food (tin	ne/tempe	eratures controls required)
(check all that apply):		Non-PHF's-non-potential	ly hazardou	s food (n	no time/temperature controls required)
		RTE-ready-to-eat foods (E	Ex. Sandwich	hes, sala	ds, muffins which need
		no further processing)			
☐ Commercially Pre-Packaged		PHF Cooked To Order			☐ Hot PHF Cooked and Cooled or
Non-PHF's		Preparation of PHFs For Hot And Cold		Cold	Hot Held for More Than a Single
☐ Commercially Pre-Packaged PHFs	1	Holding For Single Meal Service			Meal Service
☐ Preparation of Non-PHFs		Sale of Raw Animal Foods Intended to		d to	☐ PHF and RTE Foods Prepared For
☐ Reheats Commercially Processed	1	be Prepared by Consumer			Highly Susceptible Population
Food for service within 4 hours		Customer Self-Service			Facility
☐ Customer Self-Service Of Non-PHF		Ice Manufactured and Packaged for		r	☐ Vacuum Packaging/Cook Chill
and Non-Perishable Foods Only		Retail Sale			☐ Use Of Process Requiring a
☐ Delivers Food Within 1 Hour of		Juice Manufactured and Packaged			Variance and/or HAACP Plan
Preparation		for Retail Sale			☐ Offers Raw or Undercooked Food
Other (Describe):		Offers RTE PHF in Bulk	Quantities	s	of Animal Origin
					☐ Prepares Food/Single Meals for
		Retail Sale of Salvage, C	Out-of		Catered Events or Institutional
		Date or Reconditioned Food			Food Service
I, the undersigned, attest to the accuracy	y of th	e information provided i	in this app	lication	and I affirm that the food
establishment operation will comply with	h 105	CMR 590.000 and all of	her applica	able law	v. I have been instructed by the boar
of health on how to obtain copies of 105	CMR	590.000 and the federal	1999 Food	l Code.	
24) Signature of Applicant:					
Pursuant to MGL Ch. 62C, sec. 49A, I co	ertify	under the penalties of p	eriury that	t I , to n	ny best knowledge and belief, have
filed all state tax returns and paid state	•		orjury triu	,	ny sest miowieuge una sener, nave
linea and state task retains and para state	razios .	required under law.			
25) Federal ID:					
26) Signature of Individual or Corporate	: Nam	e:			



# The Commonwealth of Massachusetts Department of Industrial Accidents Office of Investigations 600 Washington Street Boston, MA 02111 www.mass.gov/dia

#### **Workers' Compensation Insurance Affidavit: General Businesses**

Applicant Information	Please Print Legibly
Business/Organization Name:	
Address:	
City/State/Zip:	Phone #:
Are you an employer? Check the appropriate box:  1.	heir workers' compensation policy information.
I am an employer that is providing workers' compensation insurance Company Name:  Insurer's Address:	
City/State/Zip:	
Policy # or Self-ins. Lic. #	
Attach a copy of the workers' compensation policy declaration	on page (showing the policy number and expiration date).
Failure to secure coverage as required under Section 25A of MG fine up to \$1,500.00 and/or one-year imprisonment, as well as ci of up to \$250.00 a day against the violator. Be advised that a confine the DIA for insurance coverage verification.	vil penalties in the form of a STOP WORK ORDER and a fine py of this statement may be forwarded to the Office of
I do hereby certify, under the pains and penalties of perjury the	•
Signature:	Date:
Phone #:	
Official use only. Do not write in this area, to be completed	by city or town official.
City or Town:P	ermit/License #
Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town 6. Other	Clerk 4. Licensing Board 5. Selectmen's Office
Cantagt Parcan	Phone #•

#### HEALTH DIVISION PROCEDURE FOR OBTAINING A MOBILE FOOD PERMIT

IN ORDER TO OBTAIN A HEALTH PERMIT FROM BOSTON INSPECTIONAL SERVICES DEPARTMENT, DIVISION OF HEALTH INSPECTIONS FOR MOBILE FOOD VEHICLES AND PUSHCARTS, THE FOLLOWING PROCEDURES MUST BE SUBMITTED PRIOR TO THE INSPECTION. INSPECTIONS CANNOT BE PERFORMED IF THE INFORMATION IS NOT COMPLETE.

IF YOU ARE VENDING ON A PUBLIC STREET, YOU MUST GO TO BOSTON POLICE HEADQUARTERS (617-343-4425) TO FIND OUT WHERE YOU CAN VEND IN BOSTON. **SOME BOSTON AREAS ARE RESTRICTED.** 

IF YOU ARE NOT AT A PERMANENT LOCATION, YOU MUST OBTAIN A HAWKERS AND PEDDLARS LICENSE FROM THE DIVISION OF STANDARDS, ONE ASHBURTON PLACE, 11<sup>TH</sup> FLOOR, BOSTON MA. (617) 727-3480.

IF YOU ARE VENDING ON A PUBLIC SIDEWALK OR PROPERTY, YOU MUST OBTAIN A PERMIT FROM THE DEPARTMENT OF PUBLIC WORKS, ROOM 714, CITY HALL, BOSTON, MA (617) 635-4911.

IF YOU ARE VENDING ON PRIVATE PROPERTY, YOU MUST OBTAIN A USE OF PREMISES PERMIT FROM BOSTON INSPECTIONAL SERVICES DEPARTMENT, BUILDING DIVISION, 1010 MASSACHUSETTS AVENUE, BOSTON, MA (617) 635-5300.

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ALL MOBILE FOOD UNITS OR PUSHCARTS SHALL OPERATE FROM A FIXED LICENSED FOOD ESTABLISHMENT AND SHALL REPORT TWICE DAILY TO SUCH LOCATION FOR ALL FOOD AND SUPPLIES AND FOR ALL CLEANING AND SANITIZING OF UNITS AND EQUIPMENT. YOU MUST PROVIDE A LETTER ON THEIR LETTERHEAD STATING THAT YOU HAVE PERMISION TO PERFORM THESE DUTIES FROM THEIR ESTABLISHMENT ALONG WITH A CURRENT COPY OF THEIR PERMIT.

YOU MUST COMPLETE A DIVISION OF HEALTH INSPECTIONS APPLICATION AND PROVIDE PROPER DOCUMENTS AND LICENSES, WHICH CAN BE DONE AT THE TIME OF YOUR INSPECTION. PLEASE CALL TO MAKE AN APPOINTMENT. INSPECTIONS ARE NORMALLY PERFORMED BETWEEN 8 AM AND 9 AM – MONDAY THROUGH FRIDAY. WE ARE LOCATED AT 1010 MASSACHUSETTS AVENUE,  $4^{\rm TH}$  FLOOR, BOSTON, MA (617) 635-5326. MOBILE FOOD PERMIT FEES ARE \$100 AND \$30 EACH, IF YOU SELL MILK AND/OR ICE CREAM. THERE IS A \$100 MANUFACTURING FEE IF THE PRODUCT IS FROM A SOFT SERVE MACHINE.

IF YOU SELL POTENTIALLY HAZARDOUS FOODS, YOU ARE REQUIRED TO BE A CERTIFIED FOOD MANAGER. YOU MUST SUBMIT PROOF OF CERTIFICATION OR CURRENT ENROLLMENT IN AN APPROVED FOOD CERTIFICATION COURSE.

IF YOU ARE USING AN OPEN FLAME OR PROPANE, YOU ARE REQUIRED TO OBTAIN A PERMIT FROM THE BOSTON FIRE DEPARTMENT, 115 SOUTHAMPTON STREET, BOSTON, MA (617) 343-3446. YOU MUST OBTAIN HEALTH DIVISION APPROVAL PRIOR TO APPLYING FOR A BOSTON FIRE PERMIT.

# 1010 MASSACHUSETTS AVENUE BOSTON, MA. 02118 (617) 635-5326

### APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD VEHICLE OR PUSHCART ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS VEHICLE (S) #\_\_\_ PUSHCART (S) #\_\_\_

SELL: FROZEN DESSERT/YOGURT/ICE CREA MANUFACTURING: FROZEN DESSERT/YOGU	
NAME OF VEHICLE/PUSHCART	
BASE OF OPERATION	
STREET	CITY STATE & ZIP
VERIFICATION LETTER FROM LICENSED CO	DMMISSARY OR ESTABLISHMENT YES NO
NAME OF OWNER	
HOME ADDRESS	CITY STATE & ZIP
	HOME PHONE NUMBER
	SSI# OR FEDERAL I. D.
EMERGENCY RESPONSE PERSON	PHONE #
LOCATION IN THE CITY (BE SPECIFIC)	
STREET NAMES & SECTION OF THE CITY	DAYS AND TIMES
HANDWASHING AND TOILET FACILITIES AL	RE AVAILABLE AT
FOOD PRODUCTS TO BE SOLD	SOURCE OF FOOD PRODUCTS
	<del></del>
MAKE & YEAR OF VEHICLE	STATE OF REGISTRATION REGISTRATION #
IF YOU ARE A CORPORATION OR PARTNE	ERSHIP, PLEASE COMPLETE THE FOLLOWING:
NAME & TITLE	
HOME ADDRESS	
NAME & TITLE	
DAYS AND HOURS OF OPERATION	
IF VOIT MANUFACTURE EPOZEN DESSEDT	
	T/ICE CREAM PLEASE COMPLETE THE FOLLOWING:
WHOM IS THE MIX PURCHASED FROM/NAM	