

TOWN OF ROCKLAND

Board of Health

Town Hall

242 Union Street

Rockland, Massachusetts 02370



Dear Applicant:

Enclosed is your application for Food Establishment for Fiscal Year 2016 which is required each year for consideration. Applications must be filed with the Board of Health Office by **December 11, 2015**.

Please provide the following documents:

- Completed Workers' Compensation Affidavit
- Copy of Food Service Manager Certification
- Copy of Food Allergen Awareness Certificate
- Check made payable to the Town of Rockland in the appropriate amount

*It is important the applicant signs and completes all sections of application, incomplete applications will be returned. Any business that has not secured their permits by **December 31, 2015** will be considered "**Out Of Business**", operating without a license and will have to start the entire process of submitting plans and filing a new application to operate a Food Establishment in the Town of Rockland. **NO Exceptions***

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (781) 616-6815

Sincerely,

Delshaune R. Flipp
Administrative Assistant



TOWN OF ROCKLAND

Board of Health

Town Hall

242 Union Street

Rockland, Massachusetts 02370

2016 application for Permit to Operate a Food Establishment

Date: _____ FID #: _____

Legal Business Name: _____

DBA: _____

Business Address: _____

Mailing address: _____

Name of Owner: _____

Address of Owner: _____

Phone #: B: _____ C: _____ H: _____

If Corporation or Partnership provide Name, Title & Address

Name: _____ Title: _____

Address: _____

State of Incorporation

Name: _____ Title: _____

Address: _____

| <u>Type of Establishment</u> | <u>Fee</u> | <u>Amount to be paid</u> |
|------------------------------|------------|--------------------------|
| Food Service: 0 – 50 Seats | \$ 100.00 | \$ _____ |
| Food Service: 51 – 75 Seats | \$ 125.00 | \$ _____ |
| Food Service: Over 75 Seats | \$ 150.00 | \$ _____ |
| Retail Food | \$ 125.00 | \$ _____ |
| **Mobile Food | \$ 100.00 | \$ _____ |
| Residential | \$ 100.00 | \$ _____ |
| Catering (Annual) | \$ 125.00 | \$ _____ |
| Catering (One Day) | \$ 50.00 | \$ _____ |
| Soft Serve Ice Cream | \$ 50.00 | \$ _____ |
| Milk | \$ 10.00 | \$ _____ |

Applicant's Signature _____

****Mobile Food units or pushcarts must include a list of the hand wash and toilet facilities available on each route. Attach a separate sheet.**



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 #: _____

| | |
|---|--|
| <p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p> | <p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p> |
|---|--|

*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



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Environmental Health
Food Protection Program
305 South Street, Jamaica Plain, MA 02130-3597
617-983-6712 617-983-6770 - Fax

TO: Local Boards of Health and Health Departments
FROM: Michael Moore, MDPH/BEH Food Protection Program
DATE: January 3, 2011
RE: Vendors Approved by MDPH to Provide Allergen Awareness Training

The following three vendors are approved by Massachusetts Department of Public Health (MDPH) to issue certificates of allergen awareness training in accordance with 105 CMR 590.009(G)(3)(a)¹.

- **Compliance** – To comply with 105 CMR 590.009(G)(3)(a), at least *one certified food protection manager per food establishment* must obtain an allergen awareness certificate from one of these three MDPH-approved vendors.
- **Online Training** – To obtain an allergen awareness certificate over the Internet, visit a vendor’s website, pay \$10, and follow the instructions for watching the allergen awareness video.
- **Classroom Training** - To obtain an allergen awareness certificate in a classroom setting, contact a vendor and ask for information about available classroom trainings.

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| <p>Berkshire Area Health Education Center 703 West Housatonic St., Suite 208 Pittsfield, MA 01201</p> | <p>Options to be trained by Berkshire AHEC:</p> <ul style="list-style-type: none"> • Visit their website at www.berkshireahec.org • Contact Timothy Diehl at tdiehl@berkshireahec.org • Call 413-447-2417, or 866-976-AHEC (2432) |
| <p>CompuWorks Systems, Inc. 591 North Ave, Door 2 Wakefield, MA 01880</p> | <p>Options to be trained by CompuWorks:</p> <ul style="list-style-type: none"> • Visit their website at www.compuworks.com • Contact James Donaher at jdonaher@compuworks.com • Call 781-224-1113 |
| <p>Massachusetts Restaurant Association 333 Turnpike Road, Suite 102 Southborough, MA 01772</p> | <p>Options to be trained by MRA:</p> <ul style="list-style-type: none"> • Visit the MRA website at www.marestaurantassoc.org • Call 508-303-9905 |

¹ 105 CMR 590.009(G)(3)(a) - By February 1, 2011, such food establishments [establishments that cook, prepare, or serve food intended for immediate consumption either on or off the premises] shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.

ServSafe Training Companies

ALSCO Food Check
4 Chapel Drive, Suite 1
Plymouth, MA 02360
(508)746-9353

Pilgrim Hospitality
98 West Border Rd.
Malden, MA 02148
(781) 388-1131

Eastern Mass Food Safety
70 Christina Drive
Braintree, MA 02184
(781) 356-1467

Morrell Associates
P.O. Box 268
Marshfield, MA 02050
(781) 837-1395

All the above companies offer courses throughout the South Shore. Call to find out when and where the next class is being offered.