



# TOWN OF ROCKLAND

Board of Health  
Town Hall  
242 Union Street  
Rockland, Massachusetts 02370

November 4, 2016

Dear Applicant:

Enclosed is your application for Food Establishment for Fiscal Year 2017 which is required each year for consideration. Applications must be filed with the Board of Health Office by **December 05, 2016**.

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, 2016** 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

## 2017 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: \_\_\_\_\_

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

### 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 \_\_\_\_\_



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

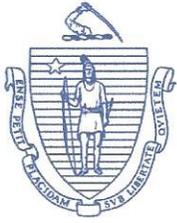
TO: Local Boards of Health and Health Departments  
FROM: Michael Moore, MDPH/BEH Food Protection Program  
DATE: January 3, 2011  
RE: **Vendors Approved by MDPH to Provide Allergen Awareness Training**

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)<sup>1</sup>.

- 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.

<p><b>Berkshire Area Health Education Center</b> 703 West Housatonic St., Suite 208 Pittsfield, MA 01201</p>	<p><b>Options to be trained by Berkshire AHEC:</b></p> <ul style="list-style-type: none"> <li>• Visit their website at <a href="http://www.berkshireahec.org">http://www.berkshireahec.org</a></li> <li>• Contact Timothy Diehl at <a href="mailto:tdiehl@berkshireahec.org">mailto:tdiehl@berkshireahec.org</a></li> <li>• Call 413-447-2417, or 866-976-AHEC (2432)</li> </ul>
<p><b>Massachusetts Restaurant Association</b> 333 Turnpike Road, Suite 102 Southborough, MA 01772</p>	<p><b>Options to be trained by MRA:</b></p> <ul style="list-style-type: none"> <li>• Visit the MRA website at <a href="http://www.marestaurantassoc.org">http://www.marestaurantassoc.org</a></li> <li>• Call 508-303-9905</li> </ul>

<sup>1</sup> 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.



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 #: \_\_\_\_\_

## 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.