



BOARD OF HEALTH

Deborah A. Chouinard RNC, MSN
Philip E. Dumas
Karen Gwozdowski Gauvin
Richard J. Kirejczyk
Ernest W. Peters

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519

(508) 839-5335 x 119 * Fax: (508) 839-8559

E-mail: healthdept@grafton-ma.gov

HEALTH AGENT

Lois Luniewicz, REHS/RS, CHO
(508) 839-5335 X 128

PUBLIC HEALTH NURSE

Patricia Pighetti-Parent, R.N.
508-839-5335 X 129

**COMPLETED IN FULL APPLICATIONS
DUE ON OR BEFORE DECEMBER 19, 2011**

**APPLICATIONS RECEIVED AFTER DECEMBER 19, 2011
WILL BE SUBJECT TO A \$100.00 PER DAY NON COMPLIANCE FEE**

**ESTABLISHMENTS WHO'S APPLICATIONS HAVE NOT BEEN
RECEIVED BY DECEMBER 31, 2011
WILL BE UNABLE TO OPEN ON JANUARY 1ST**



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PLEASE READ CHANGES IN DATES AND INFORMATION

TO: **ALL HOLDERS OF PERMITS / LICENSES**

All permits expire on December 31st of each year. Complete **ALL** enclosed paperwork **in its entirety** including date, signatures, required **attachments** and email addresses. Please note that renewals for 2012 will be sent electronically; therefore, it is very important that your email address is submitted correctly and legibly. Failure to complete **ALL** paperwork or receipt of your application after **December 19, 2011** will delay issuance of your permit resulting in a **\$100.00 Non-Compliance Fee**.

FOOD ESTABLISHMENTS:

PRIVATE WELL WATER: Any establishment that has its own private well supply must submit a current well analysis with application. Contact this office for current list of required test parameters and certified laboratories.

Note: test parameters were updated April, 2005.

SEASONAL FOOD ESTABLISHMENTS (including Mobile): Please contact the office thirty (30) days prior to opening to arrange for pre-opening inspection.

CATERERS - REMINDER: If you check Caterer on your application please be aware it is **your** responsibility to notify the Health Department in the town in which you serve the meal the following: the date, time, location, menu and the name of the event within seventy-two (72) hours of the event being held.

FOOD MANAGER CERTIFICATION (CPFM, i.e. – ServSafe) – Certifications expire five (5) years after issuance. If certifications have already or are about to expire in 2012, renewal will be required. You can contact this office for information on upcoming classes in the area and, if at least ten individuals express interest, arrangements can be made to hold a class in Grafton. Please attach a copy of CPFM with this application (even if you did attach with last year's application).

FOOD ALLERGEN AWARENESS CERTIFICATION: Effective February 1, 2011 each establishment 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. This certificate will be valid for five years.

CHOKESAFE CERTIFICATIONS: Choke Safe Certifications must be renewed every two years. Even if your current certification has NO expiration date; you **must** take a class and submit your new certification with your 2012 Food Permit Application Renewal. Please check your certifications carefully to make sure they are no more than two years old when you submit them. Failure to obtain a new certification and attach it to your application will result in you not receiving your 2012 permit and being unable to open your establishment until such time we do receive your new certification

FOOD ESTABLISHMENT REGULATIONS – An updated version of the “Merged” Food Code for Massachusetts is now available through an independent vendor. If you have not yet purchased the new Code you are requested to and are required to have a copy of this Code at your establishment upon inspection. Failure to comply could result in a \$100.00 non-compliance fee being assessed.

BUILDING DEPARTMENT 106.5 INSPECTIONS – Please attach a copy of your most recent Certificate of Inspection issued by the Building Official.



TOWN OF GRAFTON

BOARD OF HEALTH

30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508)839-5335 · ext. 119

Food Establishment Permit Application

Applications must be completed ***in entirety*** or they will be returned, resulting in delay of receipt of permits.

LATE APPLICATIONS (RECEIVED AFTER DECEMBER 19th) WILL INCUR A \$100.00 NON-COMPLIANCE FEE
(Applications for ***New Food Establishments*** must be submitted at least 30 days before the planned opening date)

1) Establishment/Organization Name:													
2) Establishment/Organization Address:													
3) Establishment/Organization Mailing Address (if different):													
4) Establishment/Organization Telephone Number:	Email:												
5) Name of Event:	Location of Event:												
6) Applicant Name & Title:													
7) Applicant Address:													
8) Applicant Telephone Number:	24 Hour Emergency Number:												
9) Owner Name & Title (if different from applicant):													
10) Owner Address (if different from applicant):	Telephone #:												
11) Establishment Owned By: <input type="checkbox"/> An Association/Corporation <input type="checkbox"/> An Individual/Partnership <input type="checkbox"/> Other Legal Entity: _____	12) If a corporation or partnership, give name, title and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;"><u>Name</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Title</u></td> <td style="text-align: center; border-bottom: 1px solid black;"><u>Home Address</u></td> </tr> <tr><td colspan="3" style="border-bottom: 1px solid black;"> </td></tr> <tr><td colspan="3" style="border-bottom: 1px solid black;"> </td></tr> <tr><td colspan="3" style="border-bottom: 1px solid black;"> </td></tr> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)													
Name & Title: _____ C.P.F.M.? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach C.P.F.M. Certificate													
Address: _____ If No - Name of C.P.F.M.: _____													
Telephone Number: _____	Fax: _____ Email: _____												
Emergency Telephone Number: _____													
Allergen Awareness Certificate Holder: _____ Attach Copy													
14) District or Regional Supervisor (if applicable)													
Name & Title: _____													
Address: _____													
Telephone Number: _____													

OVER →

Food Establishment Information

15) Water Source: <input type="checkbox"/> Town <input type="checkbox"/> Private Well	16) Sewage Disposal: <input type="checkbox"/> Town <input type="checkbox"/> Private Septic	
17) Days and Hours of Operation:	18) Length of Permit: <input type="checkbox"/> Temporary: Date: _____ Time: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal: Date: _____	
19) Person(s) Trained in Anti-Choking Procedures (if more than 24 seats): Number of Seats: _____ <hr/> <i>Must be on premises during all hours of operation.</i> <i>Please attach current Certificate(s)</i>		
20) Location: (check one) <input type="checkbox"/> Permanent Structure	Menus: Please include copies of all current menus. Please include all food items being sold or served at the event and the source from which they are being purchased. Attach appropriate permit/license (Local, State, Federal).	
21) Establishment Type <input type="checkbox"/> Food Service <input type="checkbox"/> Residential Kitchen: <input type="checkbox"/> Non-Profit How is product marketed and sold? _____ <i>(Check all that apply):</i> <input type="checkbox"/> Takeout <input type="checkbox"/> Bed & Breakfast Establishment <input type="checkbox"/> Retail <input type="checkbox"/> Institution <input type="checkbox"/> Caterer <input type="checkbox"/> Mobile / Must attached a copy of Grafton Hawkers/Peddlers License <input type="checkbox"/> Frozen Dessert Manufacturer _____ Soft Serve Ice Cream		
22) Food Operations: (check all that apply):	Definitions: PHF - Potentially Hazardous Food (time/temperature controls required) Non-PHF's - Non-Potentially Hazardous Food (no time/temperature controls required) RTE – Ready-to-Eat Foods (ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked to Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation of PHF's for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 Hours	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sales of Salvage, Out-of-Date or Reconditioned Food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid taxes required under law.

23) Social Security or Federal ID Number: _____

24) Signature of Applicant: _____

New construction, remodel or conversion requires an Occupancy Permit from the Building Department in order to receive a valid Food Permit.



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. 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 required]

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 corporation 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
Tel. # 617-727-4900, ext. 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

7. An establishment may also be called in for a public hearing for the following:
 - A. The initial inspection reveals many violations.
 - B. The initial inspection reveals repeat violations.
 - C. Refusal to cooperate with the Board of Health or its Agent.
 - D. Serious violations with regard to public safety and sanitation.
 - E. Establishments involved in a foodborne illness outbreak.

8. If you are called in for a public hearing after your reinspection and your license is not suspended or revoked at that hearing, you will automatically be placed on **PROBATION.**

Your probationary period will last for one year. During that time, your establishment will be inspected at quarterly intervals by the Health Agent of the Board of Health.

9. If at any time of the secondary reinspection you have not satisfied the requirements as listed in Chapter X of the State Sanitary Code, and/or if continued operation of your establishment constitutes a threat or danger to the health and well being of the public, the Board of Health, or its duly authorized Agents, has the authority to immediately close your establishment by suspending your operating permit.

10. Fees: Any facility deemed by the Board of Health or its Agents to need a **third** inspection (second reinspection) or any additional inspections will be charged a **non-compliance fee of \$100.00/per additional inspection. Also, any repeat violations from year to year will be charged a non-compliance fee of \$100.00 per violation.**

Food Establishment: _____
Signature

Print

Date



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NOVEMBER, 2011

FEE SCHEDULE

FOOD ESTABLISHMENTS	\$100.00
MOBILE UNITS	\$100.00
ONE DAY EVENTS	\$10.00 (per day)
NON-PROFIT	\$10.00
NON-COMPLIANCE	\$100.00