BOARD OF HEALTH

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-5335 x 1119 * Fax: (508) 839-8559
healthdept@grafton-ma.gov

COMPLETED IN FULL APPLICATIONS
DUE ON OR BEFORE DECEMBER 16, 2014

APPLICATIONS RECEIVED AFTER DECEMBER 16, 2014
WILL BE SUBJECT TO A $100.00 PER DAY NON COMPLIANCE FEE

ESTABLISHMENTS WHOSE APPLICATIONS HAVE NOT BEEN RECEIVED BY DECEMBER 31, 2014
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 going forward 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 16, 2014** 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 2015, renewal will be required. You can contact this office for information on upcoming classes in the area. 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.

CHOKE SAFE 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 2015 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 2015 permit and being unable to open your establishment until such time we do receive your new certification

FOOD ESTABLISHMENT REGULATIONS – The "Merged" Food Code for Massachusetts - you 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. Go to Massachusetts Environmental Health Association to download a copy.

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. 1119

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 16th) 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) Applicant Name & Title:	
6) Applicant Address:	
7) Applicant Telephone Number:	**Applicant Cell Phone Number:**
8) 24 Hour Emergency Number:	
9) Owner Name & Title (if different from applicant):	
10) Owner Address (if different from applicant):	**Telephone #:**
11) Establishment Owned By: ☐ An Association/Corporation ☐ An Individual/Partnership ☐ Other Legal Entity: _____	**12) If a corporation or partnership, give name, title and home address of officers or partner.** Name Title Home Address _____ _____ _____
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)	
Name & Title:	C.P.F.M.? ☐ Yes ☐ 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 Name: _____	**Attach Copy**
14) District or Regional Supervisor (if applicable)	
Name & Title:	
Address:	
Telephone Number:	

OVER →

Food Establishment Information

15) Water Source: ☐ *Town* ☐ *Private Well*	*16) Sewage Disposal:* ☐ *Town* ☐ *Private Septic*
17) Days and Hours of Operation:	*18) Length of Permit:* ☐ *Temporary: Date:* _____ *Time:* _____ ☐ *Annual* ☐ *Seasonal: Date:* _____

19) Person(s) Trained in Anti-Choking Procedures (if more than 24 seats): Number of Seats: _____

_____ _____

Must be on premises during all hours of operation. *Please attach current Certificate(s)*

20) Location: (check one) ☐ *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 ☐ *Food Service* ☐ *Residential Kitchen:* ☐ *Non-Profit*

*How is product marketed and sold?*_____

_____

(Check all that apply): ☐ *Takeout* ☐ *Bed & Breakfast Establishment*

☐ *Retail* ☐ *Institution*

☐ *Caterer*

☐ *Mobile / Must attached a copy of Grafton Hawkers/Peddlers License and Provide Name and Address of Base of Operation:* ☐ *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)*

☐ *Sale of Commercially Pre-Packaged Non-PHF's*	☐ *PHF Cooked to Order*	☐ *Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service*
☐ *Sale of Commercially Pre-Packaged PHF's*	☐ *Preparation of PHF's for Hot and Cold Holding for Single Meal Service*	☐ *PHF and RTE Foods Prepared for Highly Susceptible Population Facility*
☐ *Delivery of Packaged PHF's*	☐ *Sale of Raw animal Foods Intended to be Prepared by Consumer*	☐ *Vacuum Packaging/Cook Chill*
☐ *Reheating of Commercially Processed Foods for Service within 4 Hours*	☐ *Customer Self-Service*	☐ *Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)*
☐ *Customer Self-Service of Non-PHF and Non-Perishable Foods Only*	☐ *Ice Manufactured and Packaged for Retail Sale*	☐ *Offers Raw or Undercooked Food of Animal Origin*
☐ *Preparation of Non-PHF's*	☐ *Juice Manufactured and Packaged for Retail Sale*	☐ *Prepares Food/Single Meals for Catered Events or Institutional Food Service*
Other (describe):	☐ *Offers RTE PHF in Bulk Quantities* ☐ *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.

11/2014

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:	**Business Type (required):**
1. ☐ I am an employer with _____ employees (full and/or part-time).*	5. ☐ Retail
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]	6. ☐ Restaurant/Bar/Eating Establishment
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]**	7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance required]	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

Form Revised 5-26-05

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FOOD ESTABLISHMENT POLICY
INSPECTION PROCEDURE

TO: FOOD ESTABLISHMENT OPERATORS AND OWNERS

1. An initial inspection will be made of your establishment. All violations of the current State Sanitary Code, Chapter X, 105 CMR 590.000 which includes the Federal Food & Drug Administration as well as amendments adopted by the Grafton Board of Health, will be noted and a copy of the inspection report will be left with the establishment.

2. The copy of the inspection report constitutes an OFFICIAL ORDER when signed by a Board of Health member or its Agent to correct violations noted in the report.

3. You have the right to a hearing before the Board of Health. It is your responsibility to request the hearing. The hearing must be requested in writing no later than seven (7) days of receipt of this order to Chairman, Board of Health, 30 Providence Road, Grafton, MA.

4. A re-inspection will be conducted after ten (10) days following the inspection, unless otherwise stated in the report. If violations involve equipment and/or parts which are on order and may take some time to obtain or if more time is needed to correct outstanding violations, the Board of Health **must** be notified by telephone or in writing as to the expected date of completion. This must be received **prior** to the re-inspection. It is your responsibility to notify the Board of Health office. Failure to comply with any time limits for correction may result in suspension or revocation of your permit to operate a food establishment and cessation of food establishment operations.

5. If after this re-inspection, violations exist at your establishment which cannot be justified, your establishment may be called in for an administrative meeting with the Board of Health Agent. This administrative meeting will not be public.

6. If the administrative meeting cannot resolve your violations, you will be called before the Board of Health for a public hearing to consider revocation or suspension of your license.

OVER>>>>>>>>>>>>

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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BOARD OF HEALTH

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

11/2014

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November, 2014

TO: All Licensed Food Establishments

FROM: Karen Gwozdowski Gauvin
Chairman

RE: Inspection Reports

Please be aware that effective 2014 all inspection reports will now be posted on-line. This decision was made at a Board of Health Meeting in October. The Board feels that posting the inspections will allow the townspeople to better understand what the inspection process is and how it functions and what the outcome is.

If you have any questions on this new venture the Health Department is taking please feel free to contact the office at anytime.

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