



**Foxborough Health Department
Town of Foxborough**

www.foxboroughma.gov

Matthew Brennan, R.S.
Director of Public Health

40 South Street
T: (508) 543-1207
F: (508) 543-6278

**Application for Permit to Operate a Temporary Food
Establishment**

Fee: \$50.00 – Checks payable to the "Town of Foxborough"
Late Fee: \$200.00 – If application is submitted within 30 days of event date.

Name of/Location of Event: _____

Event Date: _____

Start/End time of when vendor will be present at the event - Start Time: _____ End Time: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone #: _____

Applicant E-mail: _____

Name of Organization/Business: _____

Organization/Business Address: _____

Organization/Business Phone #: _____

Organization/Business E-mail: _____

List all food and drink you will be serving/selling/giving away and its source (where is it coming from):

COMPLETE ON NEXT PAGE



Food

Source

**Please attach additional list(s) as needed.*

Is the food product you will be serving/selling/giving away a time/temperature control for safety (TCS) food: *(i.e. contains meat, dairy, cooked vegetables, cut fruits and vegetables, etc.)*

☐ **Yes** ☐ **No**

If yes, how will the food be transported and kept hot (>135°F) and/or cold (<41°F) to the event?

Will you be preparing any food on site (i.e. cooking, reheating, etc.)?

☐ **Yes** ☐ **No**

If yes, briefly describe this preparation and what equipment will be used:

If yes, how will the food be kept hot and/or cold at the event?

Describe bathroom facilities (i.e. building with plumbing, port-a-potty, etc.) and location:

Will you be using propane at your event or have any open flames?

☐ **Yes** ☐ **No**

If yes, you must contact the Fire Department (508-543-1238) for any necessary permits or certificates as applicable.

Describe what you will be using for handwashing activities at the site where food preparation/serving will be occurring:

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.*

Applicant Signature: _____ **Date:** _____

*Official copies of the Massachusetts State Sanitary Code -- Minimum Sanitation Standards for Food Establishments (105 CMR 590.000) and the Federal Food Code Publications can be purchased from the State House Bookstore at (617) 727-2834 or <http://www.sec.state.ma.us/index.htm> . The unofficial State Sanitary Code along with links to the 2013 Federal Food Code with the 2015 Supplement can be accessed on-line from the Massachusetts Department of Public Health -- Food Protection Program's website <https://www.mass.gov/lists/retail-food> . It is required that a copy (in electronic or hard copy form) must be onsite at all times.

NO REFUNDS OR TRANSFER OF FUNDS

STOP!!!!

Have you included the following in this application submittals?

- ☐ CERTIFIED FOOD PROTECTION MANAGER (CFPM) CERTIFICATE
 - o If serving time/temperature control for safety (TCS) foods only.
 - o For service/sampling of non-TCS foods, a Certified Food Handler Certificate may be required.
 - ☐ ALLERGY AWARENESS CERTIFICATE
 - ☐ ATTACHED W.C. AFFIDAVIT -- A new form is needed with every application, you must include a Certificate of Insurance (COI) as applicable. Sole Proprietors and non-profit organizations must also complete this form.
 - ☐ COPY OF CURRENT FOOD LICENSE FROM THE TOWN/STATE WHERE YOUR ESTABLISHMENT IS LOCATED
-



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 #: _____

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
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia