



TOWN OF ORLEANS - BOARD OF HEALTH
APPLICATION FOR LICENSES/PERMITS
FOOD SERVICE ESTABLISHMENTS
2009

Name of Establishment:

Bus. Tel:

Mailing Address:

Fax:

Business Address:

Owner's Name:

Owners DOB:

Owner's Mailing Address:

Emergency Contact (after hours) Name, Title & Phone #:

The name, title, address, and telephone number of the person directly responsible for the food establishment (Manager's):

Please provide the name, title, address, and telephone number of the person who functions as the immediate supervisor of the person listed as the Responsible Person (such as the zone, district or regional supervisor) if applicable:

Name of Certified Food Protection Manager: _____

Person(s) trained in anti-choking procedures: _____

Establishment is owned by Corporation Partnership Association Individual

If establishment is owned by a Corporation, Partnership or Association please give name, title and home address of officers or partners. (attach sheet)

Name of the local resident agent if one is required based on the type of legal ownership:

Establishment is open _____ months per year.

Total number of seats _____ of this total how many of the seats are outside: _____

Is business a non-profit organization? Y N If YES, name of organization:

Does the operation include one or more of the following: (check all that apply)

Y N Prepares, offers for sale, or serves potentially hazardous food:

Y N -Only to order upon a consumer's request,

Y N -In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency,

Y N -Using time as the public health control as specified under §-501.19,

Y N -Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing,

Y N -Prepare raw, raw marinated, or partially cooked animal food or rare meat (other than whole muscle intact beef steaks) in ready-to-eat form

Y N -Prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared

Y N -Prepares food for service to a highly susceptible population

Y N -Prepares only food that is not potentially hazardous, or;

Y N -Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous;

Permit Required for your Establishment:

Food Service #1 (0-49 Seats) \$100.00

Retail Food < 5000sf \$100

Food Service #2 (50-149 Seats) \$125.00

Retail Food > 5000sf \$175

Food Service #3 (> 150 Seats) \$175.00

Non-profit \$25 Administration Fee

PERMITS ARE NOT TRANSFERABLE FROM A PERSON OR A PLACE

I attest that the information provided in the application is accurate. I also understand that I am obligated to comply with the provisions of the State and Federal Food Code, and I shall allow the Board of Health and its Agents access to the establishment as specified under § 8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6).

SIGNATURE _____

Date _____



Town of Orleans

Health Department

19 School Road ~ Orleans, MA

T: 508-240-3700
Ext. 450

F: 508-240-3746

2009

Attached is your 2009 Application.

ALL FORMS MUST BE FILLED OUT COMPLETELY.

Please delete any information that's incorrect and write in the new information so we can update our records.

Fees must be paid by **CHECK ONLY**, no cash will be accepted.

Included in your packet:

- 2009 Application
- Town of Orleans/Health Dept. (pink form) for Outstanding Property Taxes, Personal Property Taxes and Unpaid Water Bills
- Massachusetts Department of Revenue (REAP) Tax Form
- Workers' Compensation Insurance Affidavit (required by the Commonwealth of Massachusetts, Dept. of Industrial Accidents, Office of Investigations)

Call the Health Department @ 508-240-3700, x450, if you have any questions.

THANK YOU,
The Orleans Health Department



Town of Orleans

BOARD OF HEALTH

19 School Road ~ Orleans, MA 02653-3699

T: 508-240-3700
Ext. 450

F: 508-240-3746

INSTRUCTIONS FOR FOOD PERMITS

Anyone who sells or serves food to the public must:

- (1) be licensed by the Board of Health and,
- (2) comply with the applicable provisions of The State Sanitary Code, Chapter X, Minimum Sanitation Standards for Food Establishments and The Federal Food Code. Additional permits may be required by the Selectmen's Office and Health Department permits will not be issued unless the operator secures the permits that may be required by the Selectmen's Office.

In order to verify compliance with The State Sanitary Code and The Federal Food Code, the following information must be submitted, in writing, to the Health Department, with your application, at least thirty (30) days in advance of your event.

NOTE: If potentially hazardous foods are proposed, only those potentially hazardous foods with limited on-site preparation, such as hot dogs and hamburgers (pre-formed) are allowed. The preparation or service of other potentially hazardous foods, including pastries filled with cream or synthetic cream, custards and similar products, salads or sandwiches containing meat, poultry, eggs, or fish, is prohibited, unless these have been pre-prepared in a licensed food establishment, packaged in individual servings, stored at proper temperatures and served directly in the unopened container in which it was packaged. If potentially hazardous foods are proposed, other than those stated above, an applicant will be required to meet with the Board of Health to pursue a variance to the noted restrictions.

It is up to the Board of Health whether to approve, disapprove or set conditions relative to a variance request. The availability and suitability of on-site kitchen facilities, pre-preparation, transportation and serving procedures will be taken into consideration. MDPH 105 CMR 590 requires a Certified Food Protection Manager to be present to oversee the food preparation and service activities. Non-profit organizations are exempt from the CFPM requirement but must have a Person-in-Charge on-site for the duration of food handling activities. The Person-in-Charge must be knowledgeable in food safety, food borne illness prevention and corrective actions. Also, no bare hand contact is allowed for Ready-to-Eat foods.

Proposed Menu: List proposed food and beverages:

Source of Products:

Note: Food and beverage products must be from an appropriately licensed wholesale distributor, retail food or food service establishment. (Sponsors of charitable, social, or service clubs, should discuss "bake sales" with the Health Agent.)

List Suppliers:

Ice - Identify Source:

Note: Potentially hazardous foods must be stored at 41° or colder or 140° or hotter, i.e., keep hot foods hot and cold foods cold.

Describe how you propose to:

- 1) Provide cold storage -
- 2) Prepare or cook -
- 3) Hold any hot foods -
- 4) Display food - (food must be protected from insects and contamination)
- 5) Serve - (describe use of utensils, disposable gloves or dispenser tissues)
- 6) Handle any leftovers -
- 7) Condiments – (Note: There must be individual, single-service packages, or put on by the operator. Indicate which method you will use.) List:

Sanitation:

- 1) If facilities for cleaning/sanitizing tableware are not available, only single service articles shall be provided for use by consumers. Please describe:
- 2) Describe provisions for cleaning and sanitizing coolers, utensils, pots, bowls, cutting boards, tables, etc.
- 3) Describe provisions for any overnight storage of grills, other equipment and supplies:
- 4) Toilet and hand washing facilities, with hot and cold running water, must be available for food handlers' use. Operator should bring soap in a dispenser and paper towels. Food handlers must wash their hands with soap and warm running water regularly through the event and after using toilet facilities. Operator must confirm that the facilities he intends to use meet these requirements. Identify location:
- 5) Operator should have a covered trash container. Describe how trash will eventually be disposed of:
- 6) Liquid wastes must be disposed of properly, i.e., melt water from cooler and cooking liquids may not be emptied onto the ground or into storm drains. Describe provisions for wastewater disposal:

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT and PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*** Signature of Individual or Corporate Name (Mandatory)**

By: Corporate Officer (Mandatory, if applicable)

**** Social Security No. (Voluntary) or Federal Identification Number**

* This license will not be issued unless this certification clause is signed by the Applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations.

Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. GL c. 62C s. 49A.

Town of Orleans - Health Department

IMPORTANT - PLEASE READ

In accordance with Chapter 64 Fees, Chapter V *Nonpayment of Fees and Taxes* § 94-6 *Grant or Renewal of License or Permit as Affected by Nonpayment of Local Taxes or Fees* of the Code of the Town of Orleans, you are hereby notified that renewal of your license(s) may be denied if there are any real estate and/or personal property taxes, water bills, betterments, assessments or other municipal charges more than twelve (12) months past due. This includes money owed to the Town by your landlord if you lease the property where your business is located.

If you are unable to get the signature of the Tax Collector on this notification or to negotiate a payment plan with the Tax Collector, you are entitled to a hearing before the Board/s. At the hearing you or your designee will be allowed to present evidence as to why your license should be renewed.

APPLICANT'S NAME: _____

D/B/A, IF APPLICABLE: _____

BUSINESS OWNER'S NAME: _____

BUSINESS ADDRESS: _____

If you lease property, list property owner please:

Outstanding Property Tax Outstanding Personal Property Tax Outstanding Water Bill

The above named applicant has applied to the Town of Orleans for a permit or license. We find the applicant to be current on all municipal charges pursuant to Chapter 94, Section 6. We find the property owner to be current on all municipal taxes, assessments, betterments and other municipal charges pursuant to Chapter 94, Section 6.

Date: _____ Tax Collector's Office: _____

Non-Taxpayers to the Town of Orleans ... AND/OR ... Non-Profits:

I certify that we are a Non-Profit organization and do not pay any taxes to the Town of Orleans.

Date

Signature of Applicant



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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>
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*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 #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p> <p>City or Town: _____ Permit/License # _____</p> <p>Issuing Authority (circle one):</p> <p>1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office</p> <p>6. Other _____</p> <p>Contact Person: _____ Phone #: _____</p>

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