

2009

This is the Temporary Food Establishment Application you requested.

All forms must be filled out completely!

WHAT YOU NEED TO KNOW:

The State of Massachusetts and the Town of Orleans require signed licenses be posted on-site from both the Orleans Health Department and the Orleans Board of Selectmen. (You may also need to contact other departments prior to being issued a license).

PLANNING:

You will need to talk with at least two departments, the Health Department and Selectmen's Office as far in advance as possible.

The Board of Selectmen will need to speak with organizers and/or individual vendors regarding entertainment and peddler's licenses.

The Health Department requests completed applications for Food Service licenses be submitted a **minimum** of **30 DAYS IN ADVANCE** of the proposed event. The Health Agent must review the menu, base of operation, food storage, transportation, description of the on-site facilities, service procedures and provisions for trash removal.

Included in your Application Packet:

1. Temporary Food Establishment Application, AND Menu and Facilities Description.
2. Town of Orleans – Health Department (pink form) for Outstanding Property Tax, Personal Property Tax, Unpaid Water Bill.
If you lease property, please write in your landlord's name, and if you're a Non-Taxpayer to the Town of Orleans OR a Non-Profit Organization, please sign the last block on the form - "Signature of Applicant".
3. Massachusetts Department of Revenue (REAP) – Tax Form.
4. Workers' Compensation Insurance Affidavit (this form is required by The Commonwealth of Massachusetts Department of Industrial Accidents (Office of Investigations).

A N D

5. Variance Request Form.
6. Guidelines for Temporary Food Vendors

IF NOT APPLICABLE, WRITE "NOT APPLICABLE".

Fees must be paid by CHECK ONLY NO CASH will be accepted.

For questions, please call the Orleans Health Department @ 508-240-3700, Ext. 450.
Orleans Selectmen's Office: 508-240-3700, Ext. 415, FAX: 508-240-3703

**TOWN OF ORLEANS BOARD OF HEALTH
APPLICATION FOR LICENSE/PERMIT
2009 – Temporary Food Establishment**



Name of Organization: _____ Bus. Tel: _____ Fax: _____

Organization Address: _____

Mailing Address (if different): _____

Agent's Name: _____ Agent's Contact Number: _____

Agent's Mailing Address: _____

Name of Person in Charge: _____ Certified Food Protection Manager: _____

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

Is business a non-profit organization? () Y () N **If Yes: Tax Exempt Number (required):** _____

Date(s) of Event : _____ Rain Date(s): _____

Name of Event: _____ Time(s): _____

Location of Event: _____

Does the operation include one or more of the following: **(check all)** -

() 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 -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/s Required for your Establishment:

TEMPORARY FOOD SERVICE

\$50.00

Temporary Food Service (Non-Profit)

NO FEE

(Tax exempt number MUST be provided above)

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 both 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 _____

OFFICE USE ONLY:

____ Review Date

____ Approved

____ BOH Mtg Date

____ Copy to applicant [Mailed () In person ()]

Describe the following: (Location, are facilities temporary or permanent etc.)

Hand-washing Facilities: _____

Restroom Facilities: _____

Cleaning & sanitizing serving area & coolers _____

Storage and disposal of garbage and wastewater: _____

Consumer items (plates, cups etc.) _____

Event will be: indoor () outdoor ()

Please draw **or** describe general facilities, where and how food will be prepared and served. (floor/ground, walls, ceiling, cooking facilities, cold & hot holding, work tables, as well as any other information that may be pertinent to food safety.)



Please read and initial that you have understood the following. If you have any questions, **please do not hesitate to ask**. If any activities do not apply, please write NA.

- A stem thermometer must be available for all hot/cold holding, re-heating and cooking.
- All cold foods must be held at 41°F or lower.
- All hot foods must be held at 140°F or higher.
- All re-heated foods must be heated to at least 165°F or higher.
- There is **NO BARE HAND CONTACT** with ready to eat foods.
- Ice used for cold holding may not be used as food.
- There must be a Certified Food Protection Manager on-site at all times unless a variance has been granted by the Orleans Board of Health, or the operation is exempt as designated in MDPH 105 CMR 590.003.
- An Orleans Board of Health variance is required for certain menus that contain potentially hazardous food. Please read attached “Temporary Food Service Variance” memo, and fill out the variance request form if necessary.
- I understand that the above statements are not the only requirements of this permit but simply emphasize a few, important food safety principles. I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments- Chapter X., 1999 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

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>	
City or Town: _____	Permit/License # _____
<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>	
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



Town of Orleans

T: 508-240-3700
X 450

BOARD OF HEALTH

F: 508-240-3746

19 School Road - Orleans, MA 02653-3699

To: Temporary Food Applicants

It may be necessary to request a variance from the requirements of the Federal and State Food Codes if you are planning on serving potentially hazardous foods (time/ temperature control for safety food) or do not have a Certified Food Protection Manager. **Please be aware that variances cannot be granted if it is determined that the variance may result in a health hazard or a nuisance.**

The variances requested include:

MDPH 105 CMR 590, Sec 009 (C) Temporary Food Establishments:

- (1) A temporary food operation shall comply with all applicable requirements of the Federal 1999 Food Code, except as otherwise provided in this 105 CMR 590.009(C). The Board of Health may impose additional requirements to protect against health hazards related to the conduct of the temporary food operation, may prohibit the sale of some or all potentially hazardous foods, and when no health hazard will result, may waive or modify requirements of 105 CMR 590.044. (Be aware Sec. 044 is an error in the code)
- (2) Whenever a temporary food establishment is permitted to prepared exposed foods without complying with all the requirements of 105 CMR 590, the following requirements are applicable. Only those foods requiring limited preparation, such as hamburgers and frankfurters, that only require seasoning and cooking, shall be prepared or served. The preparation of other potentially hazardous foods including pastries filled with cream, and poultry, eggs or fish is prohibited. This prohibition does not apply to the service of any potentially hazardous food that has been prepared and packaged under conditions meeting the requirements of 105 CMR 590, is packaged in individual servings, is stored at or below 45° F (7C)/ 41° F (5C) or at or above 140° F (60C) in facilities meeting the Federal 1999 Food Code requirements for storage, display and transportation, and is served directly in the unopened container in which it was packaged.
- (3) Temporary Food Establishment operators shall comply with the mandatory food protection management certification requirement in accordance with 105 CMR 590.003, except that the Board of Health may waive the requirement if the sponsor of a temporary event has employed at least one (FTE) person in charge in accordance with 105 CMR 590.003(A), who is:
 - Not a vendor, and
 - Responsible for monitoring safe food handling practices and initiating corrective actions to ensure compliance with 105 CMR 590.000.

In addition to MDPH 105 CMR 590 the Federal Food Code States:

Food Code –

8-103.10 Modifications and Waivers states:

The regulatory authority may grant a variance by modifying or waiving the requirements of this code if in the opinion of the regulatory authority a health hazard or nuisance will not result from the variance. If a variance is granted, the regulatory authority shall retain the information specified under Sec. 8-103.11 in its records for the food establishment.

Complete next document if you will be requesting a variance



Town of Orleans

T: 508-240-3700,
Ext. 450

Health Department

F: 508-240-3746

19 School Road ~ Orleans, MA 02653-3699

DATE: _____

TO: ORLEANS BOARD of HEALTH

I, _____, as an Agent for _____
hereby request a meeting with the Board of Health and a Variance from MDPH 105 CMR
590.009 (C) Temporary Food Establishments. This Variance is requested for the
menu described in our application.

I, _____, as an Agent for _____
hereby request a variance from MDPH 105 CMR 590.009 (C) (3) (mandatory Certified Food
Protection Manager requirements). This Variance is conditioned on having 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 as noted in
#9 PERSON-IN-CHARGE enclosure.

Non-Profit organizations that sponsor a Temporary Food Service event are exempt from the
Certified Food Protection Manager requirement but must have a Person-In Charge, on site, for
the duration of the food handling activities. The Board of Health may place a condition on the
granting of any Variance including a Variance to the restrictions stated in MDPH 105 CMR
590.009 (C) (2), and may require a Certified Food Protection Manager regardless of non-profit
status.

Reminder ... no bare hand contact is allowed with Ready-to-Eat foods.

Signed by: _____

GUIDELINES FOR TEMPORARY FOOD VENDORS

For the health and safety of the public, the Person in Charge (PIC) is responsible for operating the Food Establishment according to **all** Federal State Food Code requirements including, but not limited to, the following:

- Your Certified Food Protection Manager (CFPM) certificate and Temporary Food Permit must be posted on-site along with all other applicable permits.
- Only foods approved by the Orleans Board of Health may be sold. All foods must be obtained from a licensed source, and no food may be prepared in a private/ unlicensed kitchen.
- **Bare hands may not contact ready to eat foods.** Suitable utensils shall be used such as deli tissue, spatulas, tongs, single use gloves etc. for the handling and service of ready to eat foods.
- A properly calibrated, cleaned and sanitized stem type thermometer must be available for testing proper holding temperatures of potentially hazardous foods.
- All potentially hazardous foods (time/temperature control for safety food) must be maintained at 140°F or above, or at 41°F or below. Any re-heated foods must be brought up to 165°F as quickly as possible before service (maximum 2 hours time). All foods must be cooked per Federal Food Code required temperatures.
- All refrigerated holding (mechanical units, or coolers with ice) must be regularly monitored for proper cold holding temperatures. Thermometer cannot have direct contact with ice.
- Foods shall not come in direct contact with water or un-drained ice.
- All food, drinks, and condiments shall be handled in a manner that prevents contamination such as using clean, covered containers; storage of food and containers up off the ground etc.
- Running water from an approved source with liquid soap and disposable paper towels for hand washing must be available and set-up prior to food preparation. Any other method for hand washing must be approved by the Board of Health prior to permit approval.
- All food handlers must wash their hands after utilizing the toilet facilities, smoking, eating, changing tasks, changing gloves, or when hands become contaminated. All hand and wrist jewelry must be removed (does not apply to a plain ring such as a wedding band).
- All equipment, utensils, containers etc. shall be in clean, sanitary condition. Where there are no ware-washing facilities obtainable, spare sets of work utensils shall be available.
- All carts, coolers, tables, grills and other equipment shall be pre-cleaned and sanitized before event and transported in such a way as to prevent contamination.
- Food handlers shall wear clean outer garments, hair restraints, and utilize good hygienic practices.
- Garbage and waste water must be disposed of in a sanitary manner and the premises shall be kept clean.
- Restroom facilities must be available to all food-handlers.
- A labeled spray bottle of sanitizer prepared at the proper concentration must be on-site for sanitizing all food contact surfaces, utensils etc.
 - Chlorine sanitizer: 50-100 PPM (1/2 TBL non-scented household bleach per 1 gallon water for 100 ppm solution)
 - Quaternary Ammonium sanitizer: 200 ppm (follow product instructions)
- Poisonous and toxic materials shall be used, dispensed, and disposed of according to law and must not be located near any food products.
- PIC must be able to recognize the symptoms of foodborne illness and must prevent the transmission of food-borne illness from employees that may have a medical condition that may cause a food-borne illness including restricting the employee from food handling activities.

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE