



# TOWN OF HARWICH

## BOARD OF HEALTH

732 Main Street, Harwich, MA 02645

508/430-7509 Fax: 508/430-7531

Email: [health@town.harwich.ma.us](mailto:health@town.harwich.ma.us)

### FOR BOARD OF HEALTH USE ONLY

Date Rec'd: \_\_\_\_\_ Amt. \_\_\_\_\_

Pymt. Type: \_\_\_\_\_ ☐ Allergen Awareness

☐ W/C ☐ Food Cert Mgr ☐ Chokesaver Card(s)

Reviewed by initials: \_\_\_\_\_

☐ Ok ☐ Hold \_\_\_\_\_

## Food Establishment, Retail Food & Tobacco Permit Application

Renewal \_\_\_\_\_ New\* \_\_\_\_\_ \*New businesses must meet with Health Director & file application at least 30 days prior to opening.

1) Business Name:

2) Business Location:

3) Mailing Address: (if different)

4) Business Telephone No.:

Business Fax No.

5) Business Email:

6) Owner Name & Title:

7) Owner Telephone No.:

24 Hour Emergency No.:

8) Business Owned By:

9) If a corporation or partnership, give name, title, and address of officers or partner:

- ☐ An association
- ☐ A corporation
- ☐ An individual
- ☐ A partnership
- ☐ Other legal entity \_\_\_\_\_

Name

Title

Mail Address

10) Person Directly Responsible For Daily Operations: (Owner, Person in Charge, Supervisor, Manager, etc.)  
Name & Title:

Address:

Telephone No.:

Emergency No.:

Fax:

Email Address:

11) District or Regional Supervisor: (If applicable)  
Name & Title:

Address:

Telephone No.:

Fax:

12) Days and Hours of Operation: \_\_\_\_\_ No. of Food Employees: \_\_\_\_\_  
Length of Permit (check one): ☐ Annual ☐ Seasonal/Dates: \_\_\_\_\_

13) List Name of Certified Food Protection Manager And List Name for Allergen Awareness Certification  
Attach Copy of Certificates (At least 1 full-time equivalent PER SHIFT required)

\_\_\_\_\_  
Certified Food Protection Mgr.

\_\_\_\_\_  
Allergen Awareness Certification

**MANDATORY TO RECEIVE FOOD SERVICE PERMIT**

11/13/15

CONTINUED ON REVERSE SIDE

14) **List Name(s) of Person(s) Trained in Anti-Choking Procedures And Attach Copy of Card(s):**  
*(Required if 25 seats or more) - NO permit shall be issued without copies of valid choke-saver certifications*

1. \_\_\_\_\_ 2. \_\_\_\_\_

**TOTAL # OF SEATS INSIDE ESTABLISHMENT:** \_\_\_\_\_  
**TOTAL # OF SEATS OUTSIDE ESTABLISHMENT:** \_\_\_\_\_

15) **Establishment Type – Fee Schedule:** (check all that apply)

|  |  |
|--|--|
| <b>Retail:</b> prepackaged food for off-premises consumption           | <b>Food Service:</b>                                     |
| <input type="checkbox"/> <50 sq. feet (non PHF only) \$ 50.00          | <input type="checkbox"/> Caterer \$100.00                |
| <input type="checkbox"/> <600 sq. feet (not primary business) \$ 75.00 | <input type="checkbox"/> Corollary Facilities \$100.00   |
| <input type="checkbox"/> Less than 5,000 sq. feet \$100.00             | <input type="checkbox"/> Frozen Dessert \$ 50.00         |
| <input type="checkbox"/> 5,000 to 25,000 sq. feet \$150.00             | <input type="checkbox"/> Institution \$ 50.00            |
| <input type="checkbox"/> Greater than 25,000 sq. feet \$250.00         | <input type="checkbox"/> Milk & Cream \$ 10.00           |
|  | <input type="checkbox"/> Mobile Food Truck/Cart \$100.00 |
|  | <input type="checkbox"/> Shucking License \$ 25.00       |
| <b>Food Service:</b> food prepared for individual portion service      |  |
| <input type="checkbox"/> 1 – 30 seats \$100.00                         | <b>Tobacco:</b>  |
| <input type="checkbox"/> 31 – 60 seats \$125.00                        | <input type="checkbox"/> Tobacco \$ 50.00                |
| <input type="checkbox"/> 61 – 150 seats \$150.00                       |  |
| <input type="checkbox"/> >150 seats \$250.00                           |  |
| <input type="checkbox"/> Take out \$ 75.00                             |  |
| <input type="checkbox"/> Limited Food Service \$ 50.00                 |  |

16) **Review of Operations:** (check all that apply)

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Sale of Commercially Pre-Packaged Non-Potentially Hazardous Foods | <input type="checkbox"/> Sale of Commercially Pre-Packaged Potentially Hazardous Foods               | <input type="checkbox"/> Offers Raw or Undercooked Food Of Animal Origin  |
| <input type="checkbox"/> Preparation of Potentially Hazardous Foods                        | <input type="checkbox"/> Preparation of Non-Potentially Hazardous Foods, as sole business            | <input type="checkbox"/> Potentially Hazardous and Ready-To-Eat Foods Prepared For Highly Susceptible Population Facility |
| <input type="checkbox"/> Delivery of Potentially Hazardous Foods                           | <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale                             | <input type="checkbox"/> Customer Self-Service (Describe – ex. salad bar, coffee service, soups):                         |
| <input type="checkbox"/> Retail Sale of Salvage, Out-of-Date or Reconditioned Food         | <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service | _____<br>_____<br>_____   |

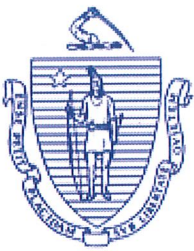
If any changes have occurred since our last review, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law.  
*Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required by law.*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Social Security Number or Federal ID:** \_\_\_\_\_





*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
*Office of Investigations*  
*1 Congress Street, Suite 100*  
*Boston, MA 02114-2017*  
*www.mass.gov/dia*

Print Form

**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 a 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."

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## 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.

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## 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.

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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 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)