



NATICK BOARD OF HEALTH
 13 East Central Street,
 Natick, MA 01760
 Telephone 508-647-6460 Fax 508-647-6466
<http://www.natickma.gov/218/Health-Department>

APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT

A Temporary Food Permit is valid only for the days of the event, but no more than fourteen (14) days
Please Print Legibly

Submit the following completed application **at least 14 days Prior to the event** with a **NONREFUNDABLE** fee.

Date of Submission: _____ Fee: _____ **Circle one:** Profit Non-Profit

Will Propane Gas be used? Yes No

- **If Yes**, contact the Natick Fire Department located at 22 East Central Street, Tel: 508-647-9550 for all approvals and applicable permits. If propane is used and approval and/or a Fire Permit has not been obtained, the Temporary Food Establishment Permit will be null and void.

About your Business/ Organization

Organization/ Business Name: _____

Owner's Name (if applicable): _____

Address: _____

Mail Permit to: _____

Phone Number: _____ Email: _____

About the Temporary Event Indoor Outdoor

Name of the Event: _____

Date of the Event: _____ Time of the Event: _____

Address/ Location of the Event: _____

Organizer of the Event: _____ Phone: _____

Contact Person in Charge during the Event(s)

The Person in Charge is DIRECTLY responsible for the Food Safety Operations at the event

Name of Person in Charge: _____ Phone: _____

Email: _____

Is the Person in Charge a Certified Food Manager? Yes- Submit a copy of Certificate No

Does the Person in Charge have an Allergen Awareness Certificate? Yes- Submit a copy of Certificate No

Food Information

List **ALL** Food and Beverage items to be prepared and served. Attach a separate sheet if necessary. (NOTE: Any changes to the menu must be submitted to and approved by the Natick Health Department **at least 5 business days prior to the event.** **Only the food items on the permit may be offered at the event.**

Will all foods be prepared or purchased at a licensed Food Establishment? Yes No

- If Yes, provide a copy of the Food Establishment Permit
 - If No, Location of where foods will be prepared or purchased: _____
-

Describe the Following

When will foods be prepared: _____

How and where will the foods be stored and held: _____

How will foods be held cold (41°F or below): _____

How will foods be held hot (135°F or above): _____

Will foods be cooked on site (Explain): _____

Describe where utensil washing will take place: _____

If no utensil washing facilities are available on site, describe the location of back-up utensil storage: _____

Where and how will hands be washed: _____

How will food be handled and dispensed (Check all that apply):

- Gloves (non latex) Utensils (tongs, spatula, etc.) Papers (deli papers, bakery tissues, etc.)

NOTE: Bare hand contact with any ready to eat food is strictly prohibited

What type of sanitizer will be used? _____

How will trash be contained and removed: _____

Will portable toilets be used? Yes Number of: _____ No

- If Yes, what is the company name of the septage hauler:

(Company must be permitted as a Septage Hauler with the Town of Natick)

Please add any additional information about your Temporary Food Establishment: _____

Employees or Volunteers who are experiencing symptoms of Vomiting, Diarrhea, Jaundice, Sore Throat with Fever, or Infected Cuts and Burns with pus on hands and wrists shall not work at the event. Please review employee health with the staff prior to the event. For more information about employee health visit:

<http://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/default.htm>

Please Note: **Each cart/ table/ booth etc.** which has a specific function **requires a Temporary Food Permit.** Carts/ tables etc., which are only used to store packaged foods and drinks, will not be considered a separate cart.

Statement: I, _____ hereby attest to the accuracy of the information provided in the application and affirm to comply with 105 CMR 590.000 State Code Chapter X- Minimum Sanitation Standards for Food Establishments, the FDA 2013 Food Code and any Town of Natick Codes and Ordinances. Additionally, I fully understand that any deviation from the above without prior permission from the Natick Health Department may nullify final approval and/ or permit.

Signature: _____ Print: _____

FOR OFFICIAL USE ONLY

Approved: **Restrictions:** _____

Not Approved: **Reason(s):** _____

Inspector's Signature: _____ **Print:** _____

Date: _____ **Permit Effective Date(s):** _____

GUIDELINES FOR TEMPORARY/ SEASONAL FOOD VENDORS

The following are conditions and guidelines to control Foodborne Illness Risk Factors in order to sell safe food to the public:

- **Conspicuously Display** the following: Temporary/ Seasonal Food Permit, Propane Permit (if applicable), Allergy Awareness Notice **“Before placing your order, please inform your server if a person in your party has a food allergy.”** The notice must be displayed in a clear, conspicuous manner on all menu boards.

- **Only the foods stipulated on your approved application may be served/ sold.**

- Employees with communicable diseases which can be transmitted through food or who are experiencing vomiting and/ or diarrhea must be excluded from food activities.

- Running water with liquid soap and disposable paper towels for hand washing must be available and set-up **prior** to food preparation. Bottled water with a pull out spout is acceptable. Check with the Natick Health Department for other acceptable methods.

- **All food handlers shall wash their hands before and after glove use, after utilizing the toilet facilities, smoking, eating, changing tasks, and anytime when hands become contaminated.**

- **Different raw food products must be kept separated from each other both in storage and when cooking**

- **Bare hands may not contact RTE (ready-to-eat) and cooked foods.** Suitable utensils shall be used as deli tissue, spatulas, tongs, single-use non-latex gloves etc. Bare-hand contact shall be minimized with foods that are not RTE.

- All TCS (Time/ Temperature Control for Safety Food) Foods shall be held at **135°F and above for Hot Holding** or **41°F and below for Cold Holding**. Examples of TCS Foods include but are not limited to Hot Dogs, Sausages, Hamburgers, Prepared Vegetables, and Rice etc.

- **The following are the Minimum Internal Cooking Temperature:**
 - **Commercially Processed RTE Foods (Hot Dogs, Pre-Cooked Sausages) - 135°F**
 - **Hamburgers - 155°F Chicken - 165°F Pork - 145°F**
 - **TCS Foods – previously cooked, cooled and reheated for Hot Holding - 165°F**

- A thermocouple-style thermometer or T-Sticks (disposable) must be available and used for testing the internal temperatures of TCS Foods on site. Thermometers shall be cleaned and sanitized before and after use. Alcohol swabs are highly recommended.

- Smoking is prohibited within 10 feet of a cart or foods storage area. Employee must wash hands thoroughly with soap before returning to work. **No Smoking permitted anywhere on town owned property.**

- Foods must be obtained from an approved commercial source. Proof of source such as boxes, receipts etc. must be on site and available.

- All carts must be thoroughly pre-cleaned before set-up at the event.

- All equipment, utensils, containers etc. shall be clean and in sanitary condition. A spare set of work utensils shall be available if ware washing is not available.

- Ice cream and other utensils can be stored in the product with the handle positioned out of the product.

- Only mechanical refrigeration or crushed/ cubed ice is allowed as a cooling medium. Foods shall not come in contact with water or un-drained ice. Packaged foods may not be stored directly in ice if it is subject to the entry of water.

- All foods, drinks and condiments shall be handled and stored in a manner that prevents contamination such as using clean covered containers, storing equipment and food up off the ground etc. Trash bags are not to be used for food storage.

- Garbage and refuse shall be disposed of in a sanitary manner. The premise shall be kept clean.

- A Soapy Water solution shall be available. Sanitizer is NOT a cleaner.

- A Sanitizing Solution prepared at proper concentration as determined by the pH papers (Chlorine- White papers with Purple color chart, Quaternary-Orange papers with Green color chart) shall be available and used on food contact surfaces. A properly labeled spray bottle or Red Container is acceptable. **The Sanitizer label MUST state “For Use on Food Contact Surfaces”.** Read and follow the Sanitizers Manufacturers Label for specific concentration levels and contact time. Premix sanitizers (Chlorine or Quaternary type) are also available at restaurant equipment and supply stores.
 - > **Chlorine (Bleach) Sanitizers: 50-200 PPM (Depends on manufacturer’s instructions)**
 - > **Quaternary Sanitizer: 200 PPM or 150-400 PPM (Depends on the manufacturer’s instructions)**

- I have read and will follow the procedures on the **Food Safety for Successful Temporary Events**, which is available on the Natick Health Department website.

If the guidelines above are not maintained or set-up, >your Temporary/ Seasonal Food Permit may be immediately suspended/revoked and you will be asked to leave the event. If there are any questions regarding the conditions above, call the Natick Health Department at 508-647-6460 prior to the event.

I have read, understand and agree to follow the above Conditions and Guidelines

Signature of Permit Holder: _____ Print: _____

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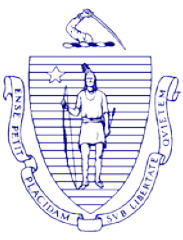
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Signature of Permit Holder: _____ Print: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 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:

- 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 § 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 (check 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia