

WATER & SEWER INFORMATION

Sewerage Disposal: _____
(If serviced by on-site septic system, indicate design flow in GPD)

Water Source: _____
(If serviced by private well, supply DEP approval as transient non-community water supply system)

HOURS OF OPERATION

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

CAPACITY INFORMATION (Food Service or Food Retail Only)

Number of Seats: _____ Number of Staff: _____ *(Maximum per shift)* Maximum Capacity: _____ *(staff+guests)*

Total Square Feet of Facility: _____ Number of Floors on which operations are conducted: _____

Maximum Meals to be served: Breakfast _____ Lunch _____ Dinner _____
(Approximate number)

WASTE REMOVAL INFORMATION

Name of Dumpster/Rubbish Company: _____

Phone Number: _____ Pick-Up Day: _____

Name of Grease Hauler Company: _____

Phone Number: _____ Pick-Up Day: _____

CERTIFICATION INFORMATION (Food Service Only)

Name of Person(s) Certified in Food Protection and Allergen Awareness *(Please attach copy of certificates):*

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name of Person(s) Certified in Anti-Choking or CPR *(Please attach copy of certificate):*

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

Name _____ Title _____ Expire _____

DISTRIBUTORS INFORMATION

Names of Distributors _____ **Phone Number** _____

Attach additional pages as needed.

INSURANCE INFORMATION

Name of Insurance Company _____ Phone Number _____

Name of Insurance: _____ Insurance Policy # _____

★ Certificate of Workers' Compensation/Liability Insurance Coverage made to the Dudley Board of Health, 71 West Main Street, Dudley MA 01571 *must be faxed* to the Dudley Board of Health at (508) 949-8031. ★ **REQUIRED FOR ALL APPLICANTS**

EQUIPMENT & RENOVATIONS

Have any renovations been done? No Yes; describe _____

Have you purchased new equipment? No Yes; describe & provide make, model and serial number _____

ICE / ICE CREAM / SOFT SERVE INFORMATION

Do you serve ice cream or frozen desserts? No Yes; describe _____

Do you serve soft serve ice cream? No Yes; Please attach latest test results of machine(s).

Do you make ice? No Yes; describe _____

Do you out source your ice? No Yes; describe _____

Do you have an ice dispenser or bin? No Yes; describe equipment & schedule of maintainece _____

Please attach the following information:

Food equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

Menu (when applicable)

★ Town Permit Signature Sheet - MUST be signed off by the Dudley Tax Collector and/or Dudley Treasurer. Both departments are located in the Dudley Municipal Complex on the second floor. ★ **REQUIRED FOR ALL APPLICANTS**

A color coded flow chart demonstrating flow patterns for (when applicable):

- Food (receiving, storage, preparation, service);
- Food and dishes (portioning, transport, service);
- Dishes (clean, soiled, cleaning, storage);
- Utensils (storage, use, cleaning);
- Trash and garbage (service area, holding, storage);

IMPORTANT NOTICE:

The non-criminal FINES concerning Food Establishment Regulations adopted by the Dudley Board of Health pursuant to MGL, Ch 111, 31 are as follows:

Violations related to Food-Bourne Illness Interventions and Risk Factors	\$250.00
Repeat Violations related to General Retail Practices	\$150.00
Repeat Non-Criminal Violations related to Good Retail Practices	\$ 75.00
Operating an establishment without a current permit	\$ 50.00*

*per day; \$100.00 2nd day +

TOBACCO INFORMATION

Do you sell any type of Tobacco? No Yes; Please check off type of sales below.

TYPE OF SALES:

Over-the counter Vending machines Other; describe _____

Did your establishment have any tobacco violations this year? No Yes; describe _____

Does your establishment have proper posting of required under MGL C. 270 S.6. It is illegal for anyone, except a parent or guardian, to give a tobacco product to an individual under the age of 18?

No Yes; describe location(s) _____

How does your establishment prevent selling to a minor? _____

1. I understand that it is against the law to sell cigarettes or any tobacco product to anyone less than 18 years of age regardless of how old the person looks.
2. I understand that it is my responsibility to require anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 18 years of age.
3. I understand that the owner/operator of a business holding a tobacco sales permit is responsible for the operation of a tobacco vending machine on the premises.
4. I understand that the Dudley Board of Health and Massachusetts Tobacco Control Program will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors. This means
 - a. Massachusetts Tobacco Control Program will send minors into my establishment to attempt the purchase of tobacco.
 - b. Massachusetts Tobacco Control Program will conduct these compliance checks on all tobacco merchants, including bars and private clubs, regardless of their type of business.
 - c. These minors may or may not look 18 years of age.
5. I understand that if I am caught selling tobacco to minors:
 - a. In the case of a first violation, the owner, manager, or permit holder and/or his /her agent, or persons not in compliance with the provisions of this regulation shall receive a written warning.
 - b. In case of a second violation within one (1) year of the first violation, the owner, manager, or permit holder and/or his/her agent or persons not in compliance with the provisions of these regulations shall receive a fine of one hundred dollars (\$100.00).
 - c. In the case of a third violation within one (1) year of the first violation, the owner, manager, or permit holder and/or his/her agent, or persons not in compliance with the provisions of this regulation shall receive a fine of two hundred dollars (\$200.00) and the permit to sell tobacco products shall be suspended for thirty (30) consecutive business days.
6. I understand that the Dudley Board of Health prohibits the sale of a single (loose). If I am caught selling single cigarettes, I will be fined twenty-five dollars (\$25.00).

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my Tobacco Sales Permit.

Print Name/title of Applicant: _____

Applicant signature: _____ **Date:** _____

Please check that your establishment agrees and has completed and maintained the following, as applicable:

- Label and locate separate food preparation sinks to avoid contamination and cross-contamination of raw and ready to eat foods.
- Clearly designate adequate hand washing lavatories for each toilet fixture and in the immediate food preparation area. Post hand washing signs above sink area.
- Lavatories cleaned, supplied with toiletries and properly labeled.
- Entrances, exits, loading/unloading areas and dock free of clutter, debris, safe for use and properly labeled.
- Establishment must be free of insects and rodents.
- Doors and windows that are left open must be screened.
- Establishment must be free of rubbish and all outside rubbish bins need to be closed, secured and free of overflowing debris.
- Floors, appliances, shelving and storage areas must be well maintained and free of filth.
- Food handling employees must wear gloves and change them frequently.
- Ventilation maintained and clean.
- Mop sink or curbed cleaning facility with facilities for hanging wet mops.
- Cabinets for storing toxic chemicals.
- Garbage can washing area/facility.
- No smoking and employees that smoke must smoke off site.
- Dressing rooms, locker area, employee rest area, and/or coat rack as required.
- Please be advised that The Dudley Board of Health makes two or more unannounced inspections a year and they are at random.
- Please be advised that The State of Massachusetts makes random unannounced inspection throughout the State.

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the Dudley Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or his/her Business Agent to prohibit smoking on the premises.

Please initial that by checking of boxes you understand and agree to the above needs to be in compliance in addition to the Massachusetts Food Code 1999. _____

Incomplete applications will be returned unprocessed. Payment is due with completed application.

Pursuant to MGL c. 62C, sec. 49A, I (we) certify under the penalties of perjury that I (we), the owner (s) of this establishment, to the best of my (our) knowledge and belief, have filed all applicable tax returns and paid all taxes required under law.

Individual Social Security or Federal Tax ID Number: _____

Signature of owner/manager – Individual or Corporate Name: _____

I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Department of Inspectional Services on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant: _____



Town Permit Signature Sheet

This form must be brought to the Town Collector's Office by the licensee for signature and submitted with renewal paperwork. If taxes have not been paid, your permit will not be renewed by The Board of Health.

Date: _____

The Collector for the town of Dudley has verified that all moneys due and payable to the town of Dudley have been paid for:

(Company Name)

(Name of Manager/Owner)

(Company Street Address)

___ **DUDLEY, MA 01571** _____
(Town, State, Zip Code)

Signed: _____
(Town Collector)

Date: _____

FOR BOARD OF HEALTH USE ONLY				
DATE REC'D	PERMIT FEE	PERMIT #	APPROVED	ENTERED
NOTES:				



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: DUDLEY 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia