TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206

Temporary or Seasonal Food Establishment Permit Application

***If applying for a mobile or permanent (brick and mortar) food permit, please use the required application forms. This application is for temporary or seasonal food permits.

Date: _____

Type of Application: ☐ Temporary (no more than 14 consecutive days in conjunction with a single event)
☐ Seasonal (valid for up to 6 months for specified events)

Business/ Organization Information:

Name: _____

Address: _____

Phone Number: _____ Email: _____

Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Person-in-Charge (PIC) and Supervisor Information:

Name of the person in charge of food operations during event(s): _____

Phone Number: _____ Email: _____

Event Information

Name(s) of the Event(s): _____

Date(s) and Times of Event(s): _____

Address/ Location of Event(s): _____

Name of Event Coordinator(s): _____

Phone Number: _____ Email: _____

Base of Operation Information:

Do you have a base of operation? ☐ Yes- submit copy of food permit ☐ No

When and where will food item(s) be prepared/ cooked: _____

_____

Menu and Event Operation Information:

List all food item(s) offered at event(s) or submit a menu: _____

_____

How and where will food items be stored and held: _____

_____

How will TCS food items be held cold (41°F or below): _____

_____

How will TCS food items be held hot (135°F or above): _____

_____

How will TCS food items be cooked: _____

_____

Will there be overhead cover? ☐ Yes – Type: _____ ☐ No

Will ware washing facilities be available? ☐ Yes ☐ No- how will clean utensils be provided: _____

_____

Will a hand washing station be set up at your operation? ☐ Yes ☐ No- explain: _____

_____

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, 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. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

_____ _____

Name (Please Print) Signature

Submit the following:

- Completed Temporary or Seasonal Food Establishment Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- Make check payable to "Town of Medway"
  - $50 Temporary Food Permit
  - $75 Seasonal Food Permit
- Workman's Compensation Affidavit *(we have attached for you)*
- Certificate of Liability
- Base of Operation Food Permit (if applicable)
- Certified Food Protection Manager Certificate (if applicable)
- Submit a sketch of your set up for the event/season (showing locations of equipment)
- Allergen Awareness Certificate (if applicable)

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: _____

Are you an employer? Check the appropriate box:		Business Type (required):	
1.	I am an employer with ____ employees (full and/or part time.)*	5	Retail
2	I am a sole proprietor or partnership and have no employees working for me in any capacity.	6	Restaurant/Bar/Eating Establishment
		7	Office and/or Sales (incl. real estate, auto, etc.
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.)**	8	Non-Profit
		9	Entertainment
4	We are a non-profit organization, staffed by volunteers, with no employees (no workers' comp. insurance required.)**	10	Manufacturing
		11	Healthcare
		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 up to $250.00 a day against the violator. Be advised that the 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):

Board of Health Building Department City/Town Clerk
Licensing Board Selectmen's Office Other:_____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Law's 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 142, §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 not 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, the 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. When 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 # 601.727.4900 ext. 406 or 1.877.MASSAFE
Fax # 617.727.7749
www.mass.gov/dia