



West Brookfield Board of Health



West Brookfield Board of Health
P.O. Box 653
West Brookfield, MA. 01585

Phone: 508-867-1421 ext 5
boh@wbrookfield.com

IS YOUR APPLICATION COMPLETE?

For All Food Establishments:

Please use the following checklist to ensure the application submitted is complete and accurate:

- Completed Permit Application
- Proof of Liability & Workers Compensation Insurance
- Serve Safe Food Managers Certification
- Allergy Training Certificate
- Anti-Choke Training Certificate
- Current Menu
- Payment
- Town Issued Business Certificate
- Current Town Issued License (If applicable)

If you have any questions, please contact the office as soon as possible so that we may assist you with your permit.

Thank you,

Alexandria Florence

Assistant Health Agent

Failure to provide the requested documentation, will result in fines, suspension or permanent license revocation.



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2024 Permit Application

Name of Establishment:		Phone:	
Address:		Email:	
Name of Applicant/Contact:		Phone:	
Applicant/Contact Address:		Email:	
Event:	Event Location:	Date:	Time:

Check	Type of Establishment	Fee	Total
<input type="checkbox"/>	Farmers Market	\$75.00	
<input type="checkbox"/>	Cottage Kitchen	\$75.00	
<input type="checkbox"/>	Temporary Food/One Day Permit	\$25.00	
<input type="checkbox"/>	Retail Food Under 100 sq. feet	\$75.00	
<input type="checkbox"/>	Retail Food Over 100 sq. feet	\$100.00	
<input type="checkbox"/>	Food Service Under 50 Seats	\$100.00	
<input type="checkbox"/>	Food Service Over 50 Seats	\$125.00	
<input type="checkbox"/>	Catering/Mobile Food	\$75.00	
<input type="checkbox"/>	Milk	\$25.00	
<input type="checkbox"/>	Frozen Dessert	\$30.00	
<input type="checkbox"/>	New Food Establishment	\$200.00	
<input type="checkbox"/>	Campgrounds/Motels/Cabins	\$150.00	
<input type="checkbox"/>	Bed & Breakfast/ Air B & B/ Rooming Houses	\$75.00	
<input type="checkbox"/>	Mobile Home Park	\$300.00	
<input type="checkbox"/>	Outdoor Wood Boiler	\$75.00	
<input type="checkbox"/>	Swimming Pools/Hot Tubs (PUBLIC)	\$75.00	
<input type="checkbox"/>	Tanning (PER BOOTH)	\$50.00	
<input type="checkbox"/>	Body Art/Body Works/Piercing	\$180.00	
<input type="checkbox"/>	Housing Inspection Per Hour Section 8	\$75.00	
<input type="checkbox"/>	Housing Inspection Per Hour After Compliance Date	\$75.00	
<input type="checkbox"/>	Tobacco Permit	\$50.00	
<input type="checkbox"/>	Pet Store	\$75.00	
<input type="checkbox"/>	Septic Hauler	\$100.00	
<input type="checkbox"/>	Septic Installer	\$100.00	
<input type="checkbox"/>	Trash Hauler	\$100.00	
<input type="checkbox"/>	Percolation Tests	\$200.00	
<input type="checkbox"/>	Disposal Works Construction Permit	\$250.00	

<input type="checkbox"/>	Additional Perc Test/Inspections Per Hour After	\$75.00	
<input type="checkbox"/>	Re-Inspection 3 or More Times	\$75.00	
<input type="checkbox"/>	Late Fee	\$25.00	
		TOTAL:	

Make Checks Payable to: Town of West Brookfield

**Permits will not be issued if you do not have a current business license.*

**Please be sure to include the Worker's Compensation Insurance Affidavit: General Business and a copy of your current Liability Policy.*

**All REQUIRED paperwork must be submitted before permit is issued.*

All Food Handlers:

1. As of October 2018, at least **one** Certified Food Manager is required to be present for all Food Service operations which handle potentially hazardous foods (PHF's)
2. As of October 2018, at least **one** staff person who has completed allergen awareness training must be present.
3. Any food service establishment having a seating capacity of 25 persons or more shall have on its premises, while serving food, an employee trained in anti-choking.

A copy of each certificate must be on file at the Board of Health Office.

- I have included a copy of each certificate with this application.
- I certify that I am familiar with, 105 CMR 590.00 Minimum Standards for Food Establishments-Article X, and my establishment will be operated and maintained in accordance with the regulations. *

Tobacco:

- I have attached a copy of my Department of Revenue "Cigarette/Cigar Retailers License".
- I have reviewed and attached the West Brookfield Board of Health Tobacco Statement Form. *

1-Day food Permit: I have reviewed and attached the Guidelines for a Mobile Food Vendor. *

Swimming Pool / Hot tub:

- I have included a copy of the Certified Pool Operator Certificate with this application.

Maximum # of Bathers: _____ Minimum # of Lifeguards required: _____

Name of Certified Pool Operator: _____ Company _____

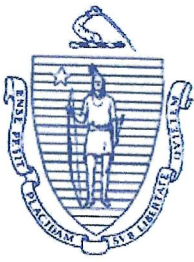
Body Art/Body Works Technician:

- Photographic proof of identity and age. (Driver's License or Passport)
- High school diploma or equivalent.
- Evidence of course completion in Preventing Disease (Blood borne Pathogens).
- Evidence of current certification in First Aid and CPR.
- Proof of completion of course in Anatomy or training & experience deemed acceptable by the Board of Health.
- Proof of eligibility for membership as a Professional by the Association of Professional Piercers.
- Proof of eligibility for membership as a Professional Tattooist by the Alliance of Professional Tattooists.
- Proof of one (1) year of licensing in another municipality or state, or one (1) year apprenticeship as a piercer, two (2) years apprenticeship as a tattooist.
- A certificate from a physician stating that within 30 days prior to the submission of the application, the applicant has been found free of any contagious or communicable disease.
- Proof of having received the Hepatitis B Series.

I certify, under the pains and penalties of perjury, that the information provided to the Board of Health is correct. I agree to abide by all terms and conditions set forth by the Board of Health.

Applicant Signature: _____

Date: _____



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 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 § 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