



Mobile Food Permit Check List

FORMS TO BE COMPLETED

Note: All forms with an (x)checked off in the box must be completed before returning your application to our office with the required fees

- 1) Food Establishment Application-fee \$100.00
- 2) Please submit a floor plan & pictures of your truck & pictures of your pushcart.
- 3) Base of Operation/Service Area Application
- 4) Worker's Compensation Application (2 sided)

INFORMATION HANDOUTS AND REGULATIONS TO READ

- 1) Attention All Mobile Unit/Pushcart Vendors
- 2) Departments to contact
- 3) ServeSafe and Allergen Awareness (Information only)



Timothy M. Rivers
Director

City of Holyoke
Board of Health
City Hall Annex, Room 306
Holyoke, MA 01040
Tel 413-322-5595
Fax 413-322-5596

Mobile Food Permit Application

APPLICATIONS MUST BE SUBMITTED TO OUR OFFICE NO LESS THAN 30 DAYS BEFORE OPENING DATE
PLEASE SUBMIT ALL REQUESTED PAPERWORK. INCOMPLETE APPLICATIONS WILL BE RETURNED.
NO PERMITS WILL BE ISSUED IF TAXES ARE OWED.

Food Permits Expire June 30 of each year.

Name of Establishment _____ Date _____

Owner's/Applicant's Name _____ SSN **XXX-XX-** _____
(If corporation, please list name of contact person)

Owner's/Applicant's Address _____

Telephone _____ Emergency Tel. _____

Fax _____ Email _____

Person Responsible for Daily Operations _____ Telephone _____

Please Enclose current copies of:

- Food Safety Manager Certification Food Allergen Awareness Certification

ESTABLISHMENT TYPE (Check all that Apply) ----- **MOBILE FOOD FEE \$100.00** -----

- Vehicle with Roof (Truck, Van, etc.) Tables, Tents, Umbrellas & Equipment
 Mobile Food Cart with Umbrella Other (Describe) _____
 Vehicle has a self-contained Refrigeration Unit

IS YOUR UNIT STATIONARY?

- If Yes; please specify location/address _____
 NO

IF YOUR UNIT ROTATES PLEASE PROVIDE A COPY OF YOUR HAWKERS/PEDDLERS LICENSE?

Please List Foods Sold _____

Means of handwashing _____

Name and address of food source(s): _____

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

Signature of Permit Holder: _____ Date _____

Pursuant to MGL Chapter 62C, Section 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 under law.

Signature of Corporate Representative (i.e. President, CFO, COO): _____ Date _____

For Office Use Only-Make all checks payable to the City of Holyoke-HLT 05

Date Received	Amount Received	Check No.	Received by:	Customer #:	Invoice #:



Plan Submission and Approval: 2018 Merged Food Code

8-201 Facility and Operating Plans.

8-201.11 When Plans Are Required.

A PERMIT applicant or PERMIT HOLDER shall submit to the REGULATORY AUTHORITY properly prepared plans and specifications for review and approval before:

- (A) The construction of a FOOD ESTABLISHMENT;
- (B) The conversion of an existing structure for use as a FOOD ESTABLISHMENT; or
- (C) The remodeling of a FOOD ESTABLISHMENT or a change of type of FOOD ESTABLISHMENT or FOOD operation as specified under ¶ 8-302.14(C) if the REGULATORY AUTHORITY determines that plans and specifications are necessary to ensure compliance with this Code.

8-201.12 Contents of the Plans and Specifications.

The plans and specifications for a FOOD ESTABLISHMENT, including a FOOD ESTABLISHMENT specified under § 8-201.13, shall include, as required by the REGULATORY AUTHORITY based on the type of operation, type of FOOD preparation, and FOODS prepared, the following information to demonstrate conformance with Code provisions:

- (A) Intended menu;
- (B) Anticipated volume of FOOD to be stored, prepared, and sold or served;
- (C) Proposed layout, mechanical schematics, construction materials, and finish schedules;
- (D) Proposed EQUIPMENT types, manufacturers, model numbers, locations, dimensions, performance capacities, and installation specifications;
- (E) Evidence that standard procedures that ensure compliance with the requirements of this Code are developed or are being developed; and
- (F) Other Information that may be required by the REGULATORY AUTHORITY for the proper review of the proposed construction, conversion or modification, and procedures for operating a FOOD ESTABLISHMENT.

8-201.20 Plan Approval or Disapproval [590.008(B)]

In addition to requirements set forth in FC 8- 201 Facility and Operating Plans: Plan approval shall be granted or denied within 30 calendar days after the submission of said plans. If the board of health does not approve or disapprove said plans within such time, the plans shall be deemed to have been approved. Approval shall be denied only if such plans establish that the proposed food establishment will violate the provisions of 105 CMR 590.000 or other applicable laws, ordinances, or regulations. Disapproval of such plans shall be deemed an order to which the procedure provided in 105 CMR 590.015 shall apply.

Plans and Approval of Plans

The plans do not need to be professionally prepared. However, they do need to be legible, drawn to scale and contain all information necessary for review. Comments shall be returned to the contact person. Review and comments will be made as quickly as possible but may take up to thirty (30) days (see 8-201.20, above).

Plans shall be approved when all specifications comply with the 2013 Federal Food Code and 105 CMR 590.000, State Sanitary Code Chapter X – Minimum Sanitation Standards for Food Establishments. Any deviations from the approved plans must be approved by the Board of Health. Approval of plans by the Board of Health does not imply compliance with other construction standards such as building, fire or plumbing nor does it authorize operation of the facility during or after construction.

Inspections

Construction inspections and pre-opening inspections are necessary. They should be scheduled at least two (2) working days in advance. NOTE: Inspections are conducted during normal working hours. Current hours are 8:30 am – 4:30 pm, Monday through Friday.



Mayor Joshua A. Garcia

Board of Health

City of Holyoke

Plan Requirements

Restrooms

- The number and design of public restrooms is determined by the Building Department. However, the existence and location of employee restrooms is under Board of Health jurisdiction.
- Must be separate from food storage and preparation areas. Access to public restrooms must NOT be through these areas.
- Must have dispensed soap and paper towels or mechanical hand drying equipment.
- Must have a trash receptacle. All stalls in women's restrooms must have a covered receptacle.
- Must be mechanically vented to the outside and have self-closing doors.

Plumbing

- Vacuum breakers must be installed on all hose bibs and threaded faucets.
- Backflow preventers are required on drink machines and ice machines which are connected directly to the water supply.
- Airgaps must be provided on drain lines of ice machines, condensers, dish washing machines, food preparation sinks and ice hold bins.
- A separate sink used for mops and mop water must be provided.

Hand Washing Facilities

- Must be located within each food preparation area and ware washing area
- Must be provided with dispensed soap and paper towels
- Must have a trash receptacle nearby
- Must be provided with hot and cold running water at all times

Water Heating Equipment

- Must be capable of providing enough hot water to meet the needs of the facility. A minimum of sixty (60) gallons per hour recovery rate is recommended.
- If an automatic dish machine is used, the water heater should be capable of supplying sixty (60) gallons plus the maximum usage of the dish machine and must be commercial grade.

Kitchen

- All equipment must be commercial grade. (NSF or equivalent)
- All surfaces must be smooth, easily cleanable and non-absorbent.
- A three-compartment, which is sized to accommodate the largest item to be washed, is required.
- Three compartment sinks must have attached drain board or mobile carts used to store dirty items until washed and clean items until dry.
- Three compartment sinks must be connected to a grease trap and interceptor, as required by 248 CMR 10.00
- Items, which are not easily moved, must be sealed to the adjacent equipment, floor, wall, etc.
- Equipment must not be located under exposed sewer lines, unproved water lines, or in open stairwells
- Adequate space for the safe and sanitary storage of food and food contact items must be provided.

Other

- Separate areas for the storage of personal items, cleaning chemicals and cleaning equipment must be provided.
- If laundry is to be done on site, the washing machine and dryer must be in a room separate from all other used. Dryers must be vented so as to prevent the accumulation of lint and dust in the facility.
- All outer openings must be designed to prevent entrance of insects and vermin into the facility.
- Refuse containers must be stored on a hard, cleanable surface and must be durable, easily cleanable and insect/rodent proof.
- Refuse containers must be capable of holding all the trash and garbage produced by the facility between pick-ups.



Mayor Joshua A. Garcia
City of Holyoke

Timothy M. Rivers, Director
Board of Health

**BASE OF OPERATIONS FORM
(LICENSED KITCHEN TO OPERATE)**

TO: Mobile Food Vendors

RE: Base of Operations/ Servicing Are - MOBILE FOOD Vendors

The Holyoke Board of Health requires that all mobile units must operate from a fixed, licensed food establishment, food processing plant or servicing area, and shall report at least daily so such locations for all food, water tanks and ice bins, and boarding food.

Servicing Area: "Means an operating base location to which a mobile FOOD ESTABLISHMENT or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

In addition to completing the annual food permit application, you must also complete this Base of Operations/ Servicing Area form in its entirety. A permit will not be issued to any mobile unit unless these forms have been completed and reviewed by the Board of Health.

Thank you for your anticipated compliance.

Mobile Food Unit Permit Holder:

Owner's Name: _____

Address: _____

City/Town: _____

Telephone: _____

Food Product(s) Being Sold: _____

Base of Licensed Kitchen Operations/Permit Holder

Business Name: _____

Base of Licensed Kitchen Address: _____

City/Town: _____

Owner's Name _____

Telephone: _____



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
--	--

*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



Mayor Joshua A. Garcia
City of Holyoke

Timothy M. Rivers, Director
Board of Health

ATTENTION

ALL MOBILE UNITS/PUSHCARTS & OPEN-AIR VENDORS

An **Open-Air Vendor License** is required if you will be operating in a fixed area (i.e. you will **not be moving** your unit throughout the City). This license can be obtained from the **Holyoke License Board**, City Hall Annex, Room 401, Holyoke, MA 01040 Tel. 413-322-5599.

Per City Ordinance, you are required to obtain a **Hawkers & Peddlers License** if you are operating at any place within the City other than from a fixed place of business (i.e. you will be moving your unit throughout the City). This license can be obtained from the **Holyoke Police Department**. For more information please contact the Police Department at 413-536-6431.

You are not required to obtain an Open-Air Vendor License or a Hawkercs & Peddlers License if you possess a State License.

Remember you need **either** an Open-Air Vendor License OR a Hawkercs & Peddlers License-**NOT BOTH!!!**

If you have any questions, please call 413-322-5599.

Thank you.



Mayor Joshua A. Garcia

Timothy M. Rivers, Director

City of Holyoke

Board of Health

Departments to contact

To All Mobile Food Vendors:

a todos los vendedores de establecimientos moviles de alimentos:

Please remember to contact:

City Clerks- 413-322-5520 - Your application needs to be seen by City Council.

License Board- 413-322-5599 - For Open Air or Common Victauller's permit.

DPW- 413-322-5645 - If you are going to be a vendor on City property.

Police Dept. – 413-536-6431 - Hawker Peddler permit (if you are not going to be in one place)
Or one from the State. Either one.

Fire Dept. – 413-534-4515 - If you are using a propane tank on your truck or trailer.

It is important that you contact these departments before you sell your products.

Es importante que usted se ponga en contacto con estos departamentos antes de abrir su establecimientos movile.

Holyoke Board of Health
20 Korean Veterans Plaza room 306
Holyoke, MA 01040
413-322-5595

The 105 CMR 590.000 State Sanitary Code for Food Establishments, states that as of October 1, 2001, it is a requirement that food establishments must have at least one person in charge who is a certified food protection manager.

Listed below are some providers who offer a Food Manager Certification Program. If you have any questions or concerns, please contact the Division at 1 (617) 983-6712.

FOODMANAGER CERTIFICATION PROGRAMS

UMASS EXTENSION SERVICE

National Restaurant Association (NRA)
ServSafe Program
202 Chenoweth Lab Box 31420
University of Massachusetts
Amherst, MA 22918
Phone 413-545-0552
Fax 413-545-1074
Starting in Fall
Dr. David Nychubq
English \$195.00

MORRELL ASSOCIATES

Mass Employee Certification Program
P.O. Box 268
Marshfield, MA 02060
Phone 781-837-1395
Fax: 781-837-4820
email: imorell@shore.net
web: www.morrell-associates.com
Chinese/Spanish \$130.00

WHEELWRIGHT CONSULTANTS

Kim McCarthy
KM Operations, Inc. dba Wheelwright
Consultants
97 Cottage Street
Easthampton, MA 01024
Phone: 413-203-5155 ext. 2
Email: kmccarth01027@gmail.com

ESI QUAL INTERNATIONAL

978 Washington Street, 2nd floor
Stoughton, MA 02072
Phone 781-344-6344
Fax: 781-341-3978
email: 7613.3373@compuserve.com
English, Spanish, Portuguese \$159.00

THE AMERICAN FOOD INSTITUTE

Food Manager Certification
Course
Phone 781-344-6344
web: www.americanfoodsafety.com
English, Spanish, Chinese \$159.00 p/p
(early req) \$185.00 p/p

EXPERIOR ASSESSMENTS LLC

Certified Professional Food Manager (CPFM)
Program
600 Cleveland Street, Suite 900
Clearwater, FL 33755
Food Dept 1-800-786-3926
web: www.experioronline.com

DR SAM WONG

P.O. Box 133
West Boylston, MA 01583
Phone 1-508-835-9898
web email: mdconsulting@charter.net
English/Chinese

JUAN F CARVAJAL

Holyoke Health Center
230 Maple Street
Holyoke, MA 01040
Phone 413-420-2834
Fax 413-540-0956
Web email: juan.carvajal@hhcin.org
Spanish \$185.00

KARL KRAWCZYK

33 Sherwood Drive
Belchertown, ma
Phone 413-885-5288
Web email: roadkingflhri@cbarter.net

MONICA V GRZZI-MULEA

Registered ServSafe Proctor
Certified ServSafe Instructor
Nutrition Education
Phone 413-387-2204
P. O. Box 358
247 Northampton Street, Suite 1
Easthampton, MA 01027
Email: safeandhealthyedu@yahoo.com

ROE KARPARI, RN, MPH

Certified NRAEF Instructor
Food Handler's Training Independent Study & Proctoring
ServSafe Essentials Program
413-250-3050
roe.karparis@comcast.net

FOOD CERTIFICATION WEBSITES

SERV-SAFE CERTIFICATION

www.servsafe.com

ALLERGEN CERTIFICATION

www.servsafe.com/ss/catalog/allergenscategories.aspx

CHOKER CERTIFICATION

www.themassrest.org/choke-saver.html