



Timothy M. Rivers  
Director

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

## Food Establishment 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.

Establishment Name \_\_\_\_\_ Date \_\_\_\_\_

Establishment Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Owner Name \_\_\_\_\_ FID/SSN# XXX-XX- \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### **Person Responsible for Daily Operations (Manager/Supervisor, etc.)**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Secondary/Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Please enclose current copies of:**

☐ Food Safety Manager Certification ☐ Food Allergen Awareness Certification ☐ Anti-Choking Procedures Training

### **ESTABLISHMENT TYPE & FEE SCHEDULE (Check all that Apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Retail (_____ sq. ft)<br><input type="checkbox"/> under 2,500 sq ft <b>\$150.00</b><br><input type="checkbox"/> 2,500-15,000 sq ft <b>\$200.00</b><br><input type="checkbox"/> Over 15,000 sq ft <b>\$300.00</b>  | <input type="checkbox"/> Caterer-Fee <b>\$100.00</b> (Pre-ordered Menu/Delivery)<br>Report to the Board of Health 72hrs before a <b>pre-paid</b> event  |
| <input type="checkbox"/> Food Service- (_____ seats)<br><input type="checkbox"/> < 25 Seats (Garnish/Snacks) <b>\$150.00</b><br><input type="checkbox"/> < 25 seats (Full Service) <b>\$150.00</b><br><input type="checkbox"/> 25-100 seats(Full Service) <b>\$200.00</b><br><input type="checkbox"/> 101-200 seats (Full Service) <b>\$250.00</b><br><input type="checkbox"/> Over 200 seats (Full Service) <b>\$300.00</b> | <input type="checkbox"/> Temporary (Tables/Tents/Vending on Site)<br><b>14 Days Maximum-Fill out Reverse Page</b><br><input type="checkbox"/> Bakery (please specify) <input type="checkbox"/> Full <b>\$150.00</b> <input type="checkbox"/> Limited <b>\$ 50.00</b><br><input type="checkbox"/> Frozen Dessert Manufacturer-Fee <b>\$100.00</b><br><input type="checkbox"/> Tobacco Permit-Fee <b>\$100.00</b><br>Please provide DOR # _____ |
|  | <input type="checkbox"/> <b>Enclose copy</b> of Mass State Cigarette License <b>please go to</b> <input type="checkbox"/><br>( <a href="http://www.mass.gov/dor/forms/cigarette-and-tobacco">www.mass.gov/dor/forms/cigarette-and-tobacco</a> ) OR call 1-800-392-6089  |

**TOTAL FEE AMOUNT \$** \_\_\_\_\_

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 \_\_\_\_\_

For Office Use Only-Make all checks payable to the City of Holyoke ALL FEES ARE NON-REFUNDABLE					
Date Received	Amount Received	Check No.	Received by:	Customer #:	Invoice:

## TEMPORARY EVENT FOOD PERMIT

14 Days Maximum

Location of unit for Operation \_\_\_\_\_  
(Street or site location)

Date(s) of event and hours of operation: \_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_  
\_\_\_\_\_ Hours: \_\_\_\_\_

### Additional Permitting

- ☐ Open Air Permit (Licensing) ☐ Hawkers & Peddlers (Police Department)  
☐ DPW (Public Location) ☐ Cooking/Heating Fire Department Approved

### Temporary Establishment Set-up

- ☐ Mobile Food Cart with Umbrella  
☐ Tables, Tents, Umbrellas & Equipment

Menu: (List all items you intend to serve)

\_\_\_\_\_

### Base of Operations/Licensed Kitchen information

#### ☐ Required Letter from Permitted Kitchen

According to 105 CMR 590.009 State Sanitary Code, it is required that all mobile units must operate from a fixed, licensed food establishment, or food processing plant, and shall report at least daily to such locations for all food, water, supplies, and for all cleaning and servicing operations. Mobile food operators shall retain the list of ingredients and the receipt for all bulk foods, which must indicate that name of the food item, the date purchased, and the name of the approved food source licensed in accordance with 105 CMR 500.000.

Therefore, in addition to completing the annual food permit application, workers' compensation form, you must also fill out in its entirety, the attached base of operation form and attach a copy of the "base of operations" food permit. A permit will not be issued to any mobile unit, with these forms not completed and reviewed by the Board of Health.

Please be advised that unlicensed residential kitchens **cannot** be used as a base of operations

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone: \_\_\_\_\_

**\*By signing below, I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Article X and the above-described establishment will be operated and maintained in accordance with regulations. I have certified that I received and understand the mobile/temporary guidelines that explain food safety storage, cooking, reheating, cooling, serving, and hygiene practices that required of my food establishment.**

**\*\*Application fee is nonrefundable**

**\*\*Fee due with application**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF HOLYOKE  
BOARD OF HEALTH**



CITY HALL ANNEX, ROOM 306  
20 KOREAN VETERANS' PLAZA  
HOLYOKE, MA 01040  
TEL. (413) 322-5595 FAX (413) 322-5596

**BULK REFUSE PERMIT APPLICATION**

**FEE: \$20.00**

COMMERCIAL	SINGLE / MULTI FAMILY PROPERTY
Name of Business:	Name of Owner(s):
Address:	Address:
Tel.:	Tel.: Cell/Pager:
Name of Dumpster Col.:	Name of Dumpster Co.:
Property Location of Dumpster:	Property Location of Dumpster:
Dumpster Capacity:	Dumpster Capacity:
Frequency of Empty: (daily, weekly, monthly) (circle one)	# of Units: # of Times Emptied Per Week:
Management Contact:	Contact Person:
Address:	Address:
Tel.: Cell/Pager:	Tel.: Cell/Pager:

**Person Directly Responsible For Daily Operations (Owner, Person In Charge, Supervisor, Manager, etc.)**

Name:	_____
Address:	_____
Tel. No.	_____ Cell/Pager: _____ Fax# _____
Emergency No.	_____ E-Mail Address: _____

**PLEASE NOTE: THIS APPLICATION IS FOR THE SOLE PURPOSE OF PROVIDING AN EASY MEANS OF CONTACT TO PROPERTY OWNERS/MANAGERS IN ORDER TO AVOID TICKET CITATIONS AND/OR COURT ACTION, AND TO PREVENT ANY UNNECESSARY DUMPSTER SITUATIONS.**

Please contact Dumpster Company for information regarding pick-up and disposal of large items (i.e. couch, refrigerator, etc.).

**All Payments Due With Application - \*No Cash Please\***

For Office Use Only-Make all checks payable to the City of Holyoke			
Date Received	Amount Received	Check No.	Received by:









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](http://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](http://www.mass.gov/dia)



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.

## FOOD MANAGER 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: [jmorell@shore.net](mailto:jmorell@shore.net)  
web: [www.morrell-associates.com](http://www.morrell-associates.com)  
Chinese/Spanish \$130.00

### WHEELWRIGHT CONSULTANTS

National Restaurant Association (NRA)  
ServSafe Program  
Eric F. Nusbaum, Ph. D CHA  
166 Harkness Road  
Amherst, MA 01002  
Phone 413-774-2786  
Fax 413-253-4632  
email: [nusbaurnl@juno.com](mailto:nusbaurnl@juno.com)  
[wheelwright@crocker.com](mailto:wheelwright@crocker.com)  
Web: [www.wheelwrightconsultants.com](http://www.wheelwrightconsultants.com)  
Only Books & Study Guide  
Chinese-No Exam  
Spanish

### ESI QUAL INTERNATIONAL

978 Washington Street, 2<sup>nd</sup> floor  
Stoughton, MA 02072  
Phone 781-344-6344  
Fax 781-341-3978  
email: [7613.3373@compuserve.com](mailto: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](http://www.americanfoodsafety.com)  
English, Spanish, Chinese \$159.00 p/p (early reg)  
\$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](http://www.experioronline.com)

### DR SAM WONG

P.O. Box 133  
West Boylston, MA 01583  
Phone 1-508-835-9898  
web email: [mdconsulting@charter.net](mailto: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](mailto:juan.carvajal@hhcin.org)  
Spanish \$185.00

### KARL KRAWCZYK

Chicopee Comprehensive High  
Night School/Continuing Education  
617 Montgomery Street  
Chicopee, MA 01020  
Culinary Lab 124  
Phone 413-885-5288  
Web email: [Roadkingflhri@charter.net](mailto:Roadkingflhri@charter.net)  
Web email: [KKrawczyk@cpsge.org](mailto:KKrawczyk@cpsge.org)

### 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: [safeandhealthedu@yahoo.com](mailto:safeandhealthedu@yahoo.com)

### ROE KARPÄRIS, RN, MPH

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

## FOOD CERTIFICATION WEBSITES

### SERV-SAFE CERTIFICATION

[www.servsafe.com](http://www.servsafe.com)

### ALLERGEN CERTIFICATION

[www.servsafe.com/ss/catalog/allergenscategories.aspx](http://www.servsafe.com/ss/catalog/allergenscategories.aspx)

### CHOKE CERTIFICATION

[www.themassrest.org/choke-saver.html](http://www.themassrest.org/choke-saver.html)

