



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)

☐ Retail (_____sq. ft)

☐ under 2,500 sq ft **\$150.00**

☐ 2,500-15,000 sq ft **\$200.00**

☐ Over 15,000 sq ft **\$300.00**

☐ Food Service- (_____seats)

☐ < 25 Seats (Garnish/Snacks) **\$150.00**

☐ < 25 seats (Full Service) **\$150.00**

☐ 25-100 seats(Full Service) **\$200.00**

☐ 101-200 seats (Full Service) **\$250.00**

☐ Over 200 seats (Full Service)**\$300.00**

☐ Caterer-Fee **\$100.00**(Pre-ordered Menu/Delivery)

Report to the Board of Health 72hrs before a **pre-paid** event

☐ Temporary (Tables/Tents/Vending on Site)

14 Days Maximum-Fill out Reverse Page

☐ Bakery (please specify) ☐ Full **\$150.00** ☐ Limited **\$ 50.00**

☐ Frozen Dessert Manufacturer-Fee **\$100.00**

☐ Tobacco Permit-Fee **\$100.00**

Please provide **DOR #** _____

☐ **Enclose copy** of Mass State Cigarette License **please go to** ☐

(www.mass.gov/dor/forms/cigarette-and-tobacco) 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

| <u>Date Received</u> | <u>Amount Received</u> | <u>Check No.</u> | <u>Received by:</u> | <u>Customer #:</u> | <u>Invoice:</u> |
|----------------------|------------------------|------------------|---------------------|--------------------|-----------------|
| | | | | | |

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 Co.: | 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

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 a 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

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
web: 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: nusbaum1@juno.com
wheelwright@crocker.com
Web: www.wheelwrightconsultants.com
Only Books & Study Guide
Chinese-No Exam
Spanish

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 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

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

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
Web email: 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: safeandhealthyedu@yahoo.com

ROE KARPARI, RN, MPH

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

FOOD CERTIFICATION WEBSITES

SERV-SAFE CERTIFICATION

www.servsafe.com

ALLERGEN CERTIFICATION

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

CHOKE CERTIFICATION

www.themassrest.org/choke-saver.html