



Mayor Joshua A Garcia  
City of Holyoke

Sean Gonsalves, Director  
Board of Health

### Food Establishment Packet Checklist

**Please make sure all have been checked off, completed, and read all pertaining information before returning to our office with the required fees**

- Food Establishment permit Application – **Fees may vary**
- Please include **Floor Plan** (for first time applicants & renovations)
- Tobacco Application (**initial 1 thru 14 & sign at the bottom & provide your DOR# & Copy of permit from state**)-you must obtain a Tax# or FID # for tax purposes before obtaining a Tobacco Permit with a DOR# from the state allowing you to sell tobacco products.
- Worker's Compensation Application (2 sided)  
Worker's Compensation (correspondence from state)
- Bulk/Dumpster Application - **\$20.00**  
**(If you, the owner of a business, are renting a dumpster from a company this fee is due. If you are using/or sharing a dumpster with the property owner, please provided the renters info.**



Sean Gonsalves  
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.

**Food Permits Expire June 30 of each year.**

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

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

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

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

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

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Emergency Tel \_\_\_\_\_ 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)              | <input type="checkbox"/> Food Service-Take Out  |
| <input type="checkbox"/> under 2,500 sq ft <b>\$150.00</b>  | <input type="checkbox"/> Food Delivery  |
| <input type="checkbox"/> 2,500-15,000 sq ft <b>\$200.00</b> | <input type="checkbox"/> Bakery (please specify) <input type="checkbox"/> Full <b>\$150.00</b> <input type="checkbox"/> Limited <b>\$ 50.00</b> |
| <input type="checkbox"/> Over 15,000 sq ft <b>\$300.00</b>  | <input type="checkbox"/> Caterer-Fee <b>\$100.00</b>  |
| <input type="checkbox"/> Food Service- (_____ seats)        | <input type="checkbox"/> Frozen Dessert Manufacturer-Fee <b>\$100.00</b>  |
| <input type="checkbox"/> under 25 seats <b>\$150.00</b>     | <input type="checkbox"/> Tobacco Permit-Fee <b>\$100.00</b>   |
| <input type="checkbox"/> 25-100 seats <b>\$200.00</b>       | Please provide DOR # _____  |
| <input type="checkbox"/> 101-200 seats <b>\$250.00</b>      | <input type="checkbox"/> Enclose copy of Mass State Cigarette License please go to  |
| <input type="checkbox"/> Over 200 seats <b>\$300.00</b>     | ( <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       |
| <input type="checkbox"/> Other (describe) _____             |   |

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 \_\_\_\_\_

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  
ALL FEES ARE NON-REFUNDABLE**

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

**RENEWAL NOTICE  
TO ALL FOOD ESTABLISHMENT OWNERS**

Below is a current list of the permit fees:

<b>RETAIL FOOD – (ONLY SELLING PRE-PACKAGED FOODS)</b>	
Under 2,500 sq. feet	\$150.00
2,500 - 10,000 sq. ft.	\$200.00
Over 15,000 sq. ft. (includes storage)	\$300.00
<b>FOOD SERVICE – (PREPARING FOODS)</b>	
Under 25 seats	\$150.00
25-100 seats	\$200.00
101-200 seats	\$250.00
Over 200 seats	\$300.00
<b>BAKERY</b>	
Full – Only prepares baked goods and sells products for resale	\$150.00
Limited - Prepares and/or sells baked products in addition to restaurant items	\$ 50.00
<b>FROZEN DESSERT</b>	\$100.00
<b>CATERING</b>	\$100.00
<b>MOBILE FOOD / PUSHCART</b>	\$100.00
<b>TOBACCO</b> – If selling tobacco products, a DOR# must be provided	\$100.00
<b>DUMPSTER</b> – Commercial only	\$ 20.00

**NOTE:** NO PERMITS WILL BE ISSUED IF REAL ESTATE / PERSONAL PROPERTY ESTATE TAXES ARE OUTSTANDING.

PLEASE CONTACT THE TAX COLLECTOR'S AT 322-5530.



## 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

Sean Gonsalves, Director

City of Holyoke

Board of Health

## 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.
- Air gaps 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.



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### HOLYOKE BOARD OF HEALTH APPLICATION FOR "PERMIT FOR LOCATION AND SALE OF TOBACCO PRODUCTS"

This form must be initialed and signed by the owner of the establishment applying for a Board of Health "Permit for location and Sale of Tobacco Products". **No permit will be issued until this form has been initialed and signed.**

**Please Read & Initial 1 thru 14**

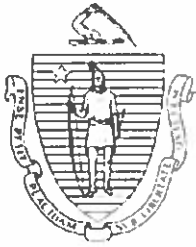
1. I understand that it is against the law to sell any tobacco product and/or matches/lighters to anyone less than 21 years of age; regardless of how old the person looks.
2. I understand that the Holyoke Board of Health Regulation requires anyone selling tobacco, lighters or matches to conclusively establish the customer's age is over 21 years old, by means of **government-issued photographic ID**.
3. I must check and verify photo ID for anyone **who wishes to purchase tobacco**.
4. I understand and agree that the Holyoke Board of Health/Tobacco Control Program may conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that:
  - a. The Board of Health/Tobacco Control Program may send persons under 21 into my establishment who will attempt to purchase tobacco products.
  - b. These persons may or may not look 21 years of age.
  - c. These persons may or may not have identification.
5. I understand that self-service tobacco displays from which the customer may select tobacco products, lights or matches are prohibited: all sales must be face-to-face.
6. I understand that tobacco vending machines are prohibited except in approved bars.
7. I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes is prohibited.
8. I understand that I must display Department of Public Health signs stating, "**Sale Of Tobacco To Persons Under 21 Prohibited**".
9. I will provide the Board of Health with proof of a current "**Cigarette Retail License**" from the Massachusetts Department of Revenue. (**Attach copy of DOR license**).
10. I understand that I am responsible for informing any and all persons who sell tobacco about both state and local regulations pertaining to tobacco sales and I am responsible for any violations of these regulations.
11. I understand that I may not sell tobacco products below state minimum prices.
12. I understand that penalties for violation of the regulation include monetary fines and/or suspension of this permit for **three days, seven days, thirty days, or one year**.
13. I understand that if I am found in violation, I cannot confront the minor who purchased the tobacco
14. **The Board of Health will notify me about mandatory Tobacco Control Program Training to take place annually.**

I have read and understand the Holyoke Board of Health "Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco" and agree to abide by them. Smoking is not permitted in any public place or workplace.

Store Name \_\_\_\_\_ Address \_\_\_\_\_

Please Print Name \_\_\_\_\_ DOR# \_\_\_\_\_

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."

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## 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.

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## 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.

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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



**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: