



The City of Fitchburg

Health Department
166 Boulder Drive, Suite 108
Fitchburg, MA 01420
Tel: 978-829-1870
Fax: 978-829-1962

Board of Health
John Bogdasarian, M.D., Chairman
Ian Murray
Sandra Knipe, R.N., B.S.N

STEPHEN D. CURRY
HEALTH DIRECTOR

2020 ANNUAL MOBILE FOOD OPERATION PERMIT RENEWAL APPLICATION

APPLICATION DUE DATE: April 30, 2019

Permit Period: May 1, 2019 – April 30, 2020 unless otherwise stipulated on the permit.

INSTRUCTIONS: This application must be completed in full with the required attachments and payment and submitted to the Fitchburg Health Department Attn: Food Inspector by April 30, 2019. Complete questions on the front and back sides of each page and include all required documents. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. **If you have any questions regarding this application, please contact Stephanie Holinko, the Fitchburg Food Inspector, at 978-829-1873 or by e-mail to: sholinko@fitchburgma.gov - If you need to meet with the Food Inspector, please call or e-mail to schedule an appointment as office hours are by appointment only.**

Permit Fees:

Food Service: \$150.00/Annually

Sale of commercially pre-packaged food only: \$100/Annually

Late Fee if submitted after April 30, 2019: \$35.00

Checks, Cash or Money Order is accepted.

Make checks payable to the: City of Fitchburg

Owner and Business Information

Name of Mobile Food Operation: _____

Location of Business: _____

City: _____ **State:** _____ **Zip Code:** _____

Business Phone #: _____ **Business website:** _____

Establishment e-mail address: _____

Permit Holder (i.e. Corporation Name, Partnership, or Individual): _____

Permit Holder Home Phone #: _____ **Permit Holder Cell Phone #:** _____

Permit holder e-mail: _____

Permit Holder Mailing Address/Attention to: _____

City: _____ **State:** _____ **Zip Code:** _____

Name of Emergency Contact: _____ **24 Hour Phone #:** _____

Mobile Vehicle Registration Number: _____

Operation Owned By (Please Check One):

An association A corporation An individual

A partnership Other legal entity. Please specify: _____

List below the information for all Owner(s), Partners, Corporate Officers, or Board of Directors. Use a separate sheet if necessary. **If a corporation**, please attach a printout of the summary screen generated by the state’s corporation database containing the corporation’s general information.

| Information of Owner(s), Partners, Corporate Officers or Board of Directors | | | | | |
|---|----------------------|--------|--------------|----------------|----------------|
| 1 | Name (First/Last) | | Phone Number | Email Address | Title/Position |
| | Address | Street | City | State/Zip Code | # Stock/%owned |
| 2 | Name (First/Last) | | Phone Number | Email Address | Title/Position |
| | Address | Street | City | State/Zip Code | # Stock/%owned |
| 3 | Name (First/Last) | | Phone Number | Email Address | Title/Position |
| | Address | Street | City | State/Zip Code | # Stock/%owned |
| 4 | Name (First/Last) | | Phone Number | Email Address | Title/Position |
| | Address | Street | City | State/Zip Code | # Stock/%owned |

Base of Operation

All mobile food operations shall operate from a fixed, permitted food establishment, commissary or processing plant (Base of Operation). If your base of operation is outside of Fitchburg, please attach the current food establishment permit for your base of operation.

Name of Base of Operation: _____

Address of Base of Operation: _____

Phone # of Base of Operation: _____

E-mail address of Base of Operation: _____

As required by M.G.L Chapter 152, Section 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement. **Yes:** _____ **No:** _____

Location(s) of Operation and Hours of Operation

You're required to contact the Food Inspector at least 72 hours before the date/time of operation of the location and time you're operating at within the City of Fitchburg. Operating on a public right away in Fitchburg requires permission from the Building Commissioner, Mark Barbadoro, who can be reached at mbarbadoro@fitchburgma.gov or by phone at 978-829-1881.

State the address(s) of the specific location(s) that you currently operate at: _____

Dates/times of operation: _____

State the times and location(s) for each day of the week:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Ice Cream Sales

Do you sell Commercially Pre-packaged Ice Cream or frozen-water based food product or hard ice cream that requires scooping?

Yes: _____ No: _____

Do you sell soft serve ice cream, soft serve frozen yogurt and/or manufactured frozen dessert mixes?

Yes: _____ No: _____

Per Massachusetts State Law and 520 CMR 15.00, all vendors selling any ice cream, frozen dairy or frozen water-based food products on a truck must undergo a CORI / SORI Check with a Police Department in Massachusetts. A Clearance Permit/Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them, must be supplied to the Fitchburg Health Department along with our application before a permit will be issued. This law applies even if food items other than ice cream are sold from the mobile food operation.

If **you sell manufactured frozen desserts or frozen dessert mixes such as soft serve ice cream**, you're required to submit **monthly** sampling of manufactured frozen desserts and/or frozen dessert mixes by an approved laboratory per State Sanitary Code 105 CMR 561.000: FROZEN DESSERTS AND FROZEN DESSERT MIXES to the Fitchburg Health Department.

Person in Charge (PIC) Information

The PIC is the person who is in a supervisory position over the food service operation. PIC is a regulatory term which “means the individual present at a food establishment who is responsible for the operation at the time of inspection.” Certified Food Protection Manager Certification and Allergen Awareness Certification are not required if only selling commercially pre-packaged food items such as packaged novelty ice cream.

First Name: _____ **Last Name:** _____

Title/Position/Duty: _____

Phone #: _____ **E-Mail Address:** _____

Does this person have a current non-expired Certified Food Protection Manager Certification? Response Required: Check “Yes” or “No”

Yes (submit copy): _____ No: _____

Does this person have a current non-expired Food Allergen Awareness Certificate? Response Required: Check “Yes” or “No”

Yes (submit copy): _____ No: _____

Alternate Person in Charge (PIC) Information

The Alternate PIC is the person who is in a supervisory position over the establishment when the PIC is not on site. There must always be a designated Alternate PIC on site during all hours of operation at every establishment. An establishment may have several Alternate PIC staff. For mobile food service establishments who prepare and serve food, the Alternate Person in Charge must be knowledgeable of food safety, and must have both the Food Protection Manager Certification and Allergen Awareness Certification.

First Name: _____ **Last Name:** _____

Title/Position/Duty: _____

Phone #: _____ **E-Mail Address:** _____

Does this person have a current non-expired Food Protection Manager Certification? Response Required: Check “Yes” or “No”

Yes (submit copy): _____ No: _____

Does this person have a current non-expired Allergen Awareness Certification? Response Required: Check “Yes” or “No”

Yes (submit copy): _____ No: _____

To obtain a mobile food permit, the following must be submitted:

- A completed Mobile Food Operation Permit Application
- Permit Fee
- Certified Food Protection Manager Certification(s) for all trained staff (not applicable if only selling/serving commercially pre-packaged food items)
- Allergy Awareness Certification(s) for all trained staff (not applicable if only selling/serving commercially pre-packaged food items)
- If your base of operation is outside of Fitchburg: A copy of your current Servicing Area/Base of Operation Health Department issued Food Permit.
- If your base of operation is outside of Fitchburg: A copy of your most recent Servicing Area/Base of Operation Health Department inspection report.
- Completed Workers Compensation Affidavit: General Businesses. See attachment.
- If your business requires workers compensation coverage, attach a Certificate of Liability (ACORD 25 form) showing proof of coverage of your workers compensation. This form must reflect proof of coverage at your Fitchburg establishment. You must obtain this document by request by contacting your insurance company.
- City of Fitchburg Certificate of Tax Compliance: This can be obtained from the City of Fitchburg Treasurer's Office by contacting 978-829-1830 or visiting the Treasurer during normal office hours.
- Copy of your Massachusetts State DOR Meals and All Beverages Sales Tax Registration Certificate (Form MT-1)
- For Ice Cream Trucks: A Clearance Permit/Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them.
- For Manufactured Frozen Dessert: Laboratory results must be submitted to the Fitchburg Health Department within 30 days of the start of operation and monthly thereafter.

Statement: I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required per M.G.L. Chapter 62C, Section 49A. I certify that I have read all of the conditions of this document and I hereby attest to the accuracy of the information provided in this application, and the attached documents and affirm to comply with jurisdictional current code. Additionally, I fully understand that any deviation from the above without prior permission from the Fitchburg Health Department may nullify final approval and/or permit. Failure to submit the application by April 30, 2019 may result in late fees and/or monetary fines.

Applicant Signature: _____

Print Applicant Name: _____

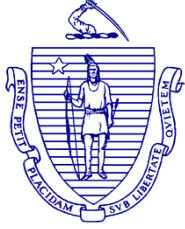
Applicant Title: _____

Federal Identification Number (FID/EIN): _____

Date: _____

FOR OFFICE USE ONLY

Payment Date: _____ Amount Paid: _____ Payment Type: _____ Check #: _____
Receipt Number: _____ Date of Approval: _____ Permit #: _____ Risk Level (1-4): _____
Permit Effective Date: _____ Permit Expiration Date: _____ Comments: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

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 Section 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 (circle 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

MAJOR CHANGES TO THE MASSACHUSETTS RETAIL FOOD CODE FOR FOOD ESTABLISHMENTS

The MA Department of Public Health amended 105 CMR 590.00: State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments (the Retail Food Code) to include sections of the 2013 FDA Food Code with amendments made by FDA in 2015. These changes became effective on October 5, 2018, and all Food Establishments are required to comply with its standards. This is a partial summary of the changes to the Retail Food Code. The Food Protection Program's Retail Food Code website provides the full text of the regulation as well as other useful tools and guidance. It can be accessed here: mass.gov/lists/retail-food.

TERMS

- "Potentially Hazardous Foods (PHF)" has been changed to "Time/Temperature Control for Safety Foods (TCS Foods)."
- "Cut leafy greens" is a new term that includes a variety of cut lettuces and leafy greens and is a time/temperature control for safety food (TCS).
- "Critical Item" has been changed to "Priority (P) Item" and "Priority Foundation (Pf) Item."
- "Non-critical Item" has been changed to "Core Item."

PERMITS

Food Establishment Permits are no longer required if the operation:

- Only offers whole, uncut fresh fruits and vegetables, unprocessed honey, pure maple products, or farm fresh eggs which are stored and maintained at 45°F (7.2°C) or less.
- Only sells prepackaged foods that are not time/temperature control for safety foods.
- Is a cooking class held for educational purposes only.
- Is a bed-and-breakfast operation that: is owner occupied; guest bedrooms do not exceed six; breakfast is the only meal offered; and, number of guests served does not exceed 18.

For information about new permit types and restrictions, please see "Guidance on the Retail Food Code by Establishment Type" located at: mass.gov/lists/retail-food.

NEW DUTIES FOR PERSON IN CHARGE (PIC)

- Verify that food deliveries made during non-operating hours are stored safely and at proper temperatures.
- Inform employees in a verifiable manner of their responsibility to report all diseases that are transmissible through food.

PREVENTING THE SPREAD OF NOROVIRUS

- A food handler must now be excluded if they test positive for Norwalk virus, Norwalk-like virus, Norovirus, or any other calicivirus to prevent foodborne cases of viral gastroenteritis.
- Every Food Establishment must now have written procedures for responding to and clean-up of vomiting and diarrheal events.

FOOD SAFETY

- Date Marking and Disposition: All TCS foods held in an establishment for more than 24 hours must be clearly marked with the date by which the food is to be sold, discarded, or consumed.
 - o Exceptions include foods prepared and packaged by an inspected food processing plant such as deli salads, hard and soft cheeses with certain moisture content, cultured dairy products (yogurt, milk, sour cream) and shelf stable meats (prosciutto, pepperoni).
- TCS Food Temperature: Hot holding, receiving, reheating and beginning cooling temperature for TCS foods lowered from 140°F to 135°F
- Non- Continuous Cooking of Raw Animal: An establishment may partially pre-cook raw meat, cool the product, and finish the cooking process at a later time. The final cook step must bring the product to a cooking temperature specified under 590.003; FC 3-401.11(A) to fully cook the meat prior to serving. The establishment must have prior approval from the local board of health of written procedures for preparation and storage and compliance with standards in 105 CMR 590.003; FC 3-401.14.
- Time/Temperature Control for Safety Foods (TCS): Replaces Potentially Hazardous Foods (PHF) and now includes cut tomatoes and cut leafy greens. This means that cut tomatoes and cut leafy greens must be held at or below 41°F. Cut leafy greens are defined as fresh leafy greens whose leaves have been cut, shredded, sliced, chopped or torn and do not include herbs such as cilantro or parsley.
- Treating Juice: Juice packaged in a food establishment either treated under HACCP plan or contain a warning label.
- Time Only as a Public Health Control (TPHC): A variance is no longer required to use TPHC. Instead, a Food Establishment must prepare written procedures in advance which are submitted to the local board of health for review and made available upon request. Food must be marked with the time period when removed from temperature control. Temperature requirements are as follows:
 - o 4 hours: Initial temperature of 41°F or less when removed from cold holding temperature control, or 135°F or greater when removed from hot holding.
 - o 6 hours: Initial temperature of 41°F or less when removed from temperature control and the temperature may not exceed 70°F during a 6 hour time frame.

EQUIPMENT AND SIGNAGE

- Inspection Signage: Food establishments required to post a conspicuous sign which tells customers that a copy of last inspection report is available upon request.
 - Temperature Measuring Devices: Requires an irreversible registering temperature indicator for mechanical warewashing.
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For Any Questions, please contact your Local Board of Health or the Massachusetts Department of Public Health, Bureau for Environmental Health's Food Protection Program at 617-983-6712 | Fax: 617-983-6770 | TTY: 617-624-5286 | Email: FPPDPH@state.ma.us

If you would like a copy of the state regulations or additional information concerning the retail food code, please visit mass.gov/lists/retail-food

