



CITY OF NEW BEDFORD HEALTH DEPARTMENT
1213 Purchase St. New Bedford, MA 02740
508-991-6199

**FOOD SERVICE/RETAIL FOOD ESTABLISHMENT PERMIT
RENEWAL ADVISORY**

PLEASE READ THIS FIRST!

Dear Business Owner,

The Board of Health wishes to remind you that it is time to renew your food establishment permit. The fiscal year ends on June 30th and all permit renewal applications are due by June 1st.

The applications/forms are available here on our website or you may obtain them at the Health Department, 1213 Purchase Street, New Bedford, MA.

Please complete, print out and sign both the permit application and the State required Worker's Compensation Affidavit forms.

Attach all the necessary documents (see below) and return it with payment by check or money order payable to the "City of New Bedford" to;
New Bedford Health Department
1213 Purchase Street, New Bedford, MA 02740

Necessary Document Checklist

*To expedite processing of your application, please **attach copies** of all requested documents below.*

- ☐ Certified Food Protection Manager Certificate *
- ☐ Current CPR Certification (*Establishments with 25 seats or more*) *
- ☐ Massachusetts Allergen Awareness Certificate (*must be the same person as the food protection manager*) *
- ☐ Workers Compensation Affidavit form and Policy Declaration Page if applicable
- ☐ *Completed Application with check for correct fee made out to; CITY OF NEW BEDFORD

*** Please have one certified Employee per shift.**

*** Renewal Applications are due by JUNE 1st or a late filing fee of (20%) will apply.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED
THEY WILL NOT BE PROCESSED!**

WEBSITE LINK

<http://www.newbedford-ma.gov/health-department/doh-applications>

All permit and license forms are also available at the New Bedford Health Department

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: \$ _____	PERMIT ISSUED
			LATE FEE: \$ _____	DATE: _____
			TOTAL FEE = \$ _____	ID#: _____

CITY OF NEW BEDFORD**HEALTH DEPARTMENT/ ENVIRONMENTAL HEALTH DIVISION**

1213 Purchase Street, First Floor New Bedford, MA 02740

For Application Assistance: (508) 991-6199 For Inspectors: (508) 991-6199

FOOD ESTABLISHMENT PERMIT APPLICATION***Application must be submitted at least 30 days prior to proposed opening or permit expiration date.******Renewal applications received after June 1st will be charged a 20% late filing fee.***PLEASE **PRINT** CLEARLY**Payment is due with application**Check type of application: ☐ New (Initial) ☐ Renewal ☐ Amended

1) Establishment Trade Name:

2) Establishment Address:

3) Establishment Mailing Address (if different):

4) Establishment Telephone No.: ()

Fax No.: ()

5) Applicant Name:

Applicant's Title:

6) Applicant Address: _____ TELEPHONE No.: () _____

Applicant's E-mail Address:

7) Establishment Owner's Name: (First) _____ (Last) _____ (MI) _____

Association, Corporation, Partnership, Legal Entity Name: (if applicable)

8) Owner's Address (if different from applicant):

9) Food Establishment is OWNED by: (Check one)

☐ Association☐ Corporation☐ Individual☐ Partnership☐ Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State:

(Please provide an attachment if necessary)

Officer/Partner's NameTitleHome Address

11) Establishment is:

(Check one)

☐ Part of Chain☐ Independent

(First) (Last) (MI)

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Email: _____ 24 Hour Emergency Number: ()

13) District or Regional Supervisor (if applicable):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Email: _____ 24 Hour Emergency Number: ()

14) Style of Establishment: (Check only one)

☐ Bakery☐ Grocery Store☐ Membership Association☐ Bar☐ Gas Mini-Mart☐ Non-profit☐ Coffee Shop☐ Institution (Day Care/School/Nursing Home)☐ Pharmacy / Retail☐ Convenience Store☐ Liquor Store☐ Restaurant☐ Other (specify):

Food Establishment Application (continued)

15) Municipal Real Estate Property Information: Plot #: _____ Lot #: _____ Owner's Name: _____ Owner's Address: _____		
16) Water Source: _____ DEP Water Supply Number: (if applicable) _____		17) Sewage disposal: _____
18) Days and Hours of Operation: _____		19) No. of Food Employees: _____
20) Name of Person(s) in Charge Certified in Food Protection Management/ Allergen Awareness (must match): (Copy of certificate required- please attach): _____		
21) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of certificate): _____		
Risk Level: <input type="checkbox"/> 1 Retail only <input type="checkbox"/> 2 Retail/Food Service minimal risk <input type="checkbox"/> 3 Full Service Restaurant/ Institution <input type="checkbox"/> 4 HACCP Plan		
22) Establishment Type: (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Retail (_____ Sq. Ft. for TCS foods only) </div> <div style="width: 33%;"> <input type="checkbox"/> Residential Kitchen for: </div> <div style="width: 33%;"> <input type="checkbox"/> Caterer </div> <div style="width: 33%;"> <input type="checkbox"/> Retail w/ Deli </div> <div style="width: 33%;"> <input type="checkbox"/> Retail w/ Hot Holding </div> <div style="width: 33%;"> <input type="checkbox"/> Retail Sale </div> <div style="width: 33%;"> <input type="checkbox"/> Food Delivery </div> <div style="width: 33%;"> <input type="checkbox"/> Food Service - (_____ Seats) </div> <div style="width: 33%;"> <input type="checkbox"/> Bed & Breakfast Home </div> <div style="width: 33%;"> <input type="checkbox"/> Food Pantry </div> <div style="width: 33%;"> <input type="checkbox"/> Food Service – Takeout _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Bed & Breakfast Establishment </div> <div style="width: 33%;"> <input type="checkbox"/> Food Pantry </div> <div style="width: 33%;"> <input type="checkbox"/> Food Service – Institution (_____ Sq. Ft. Food Prep Area) </div> <div style="width: 33%;"> <input type="checkbox"/> Other (Describe): _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Frozen Dessert Manufacturer </div> </div>		
23) Food Preparation: (Check all that apply) Definitions: <u>TCS</u> – requires time/temperature control for safety (TCS) foods to limit pathogenic microorganism growth or toxin Formation <u>RTE</u> – ready-to-eat foods (ex: sandwiches, salads, muffins which need no further processing)		
*Retail <input type="checkbox"/> Sale of commercially pre-packaged TCS (Time/Temperatures control for Safety Foods) <input type="checkbox"/> Retail sale of salvage, out-of-date or reconditioned food <input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer *Food Service <input type="checkbox"/> Preparation of Non- TCS for retail sale <input type="checkbox"/> Preparation of TCS for retail sale (Deli) <input type="checkbox"/> TCS cooked to order <input type="checkbox"/> Reheating of commercially processed foods for service within (4) hours	<input type="checkbox"/> Using cooking; cooling; reheating; hot or cold holding; freezing; or thawing in two or more step process <input type="checkbox"/> Offers RTE TCS in bulk quantities (ex. party platters) <input type="checkbox"/> Using time as the public health control as specified under § 3-501.19 (policy in place) <input type="checkbox"/> Ice manufactured and packaged for retail sale <input type="checkbox"/> Customer self-service (buffet/salad bar) <input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility <input type="checkbox"/> Service TCS prepared/ delivered by caterer for single meal service	*HACCP/ Variance Requirements <input type="checkbox"/> Vacuum packaging/cook chill <input type="checkbox"/> Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control) <input type="checkbox"/> Juice manufactured and packaged <input type="checkbox"/> Service of raw or undercooked food of animal origin (ex.sushi) *Caterer <input type="checkbox"/> Delivery / preparation of TCS in off-site location <input type="checkbox"/> Prepared food/single meals for catered events or institutional food service <input type="checkbox"/> Other (Describe): _____

☐ If applicable, Name of: Dumpster Co.: _____ Pick up dates: _____

Grease Hauler: _____ Pick up dates: _____ Pest Control Co.: _____

24) Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

✓ If owned by an individual: ☐ Date of Birth (D.O.B.) _____ ☐ Social Security Number: _____

✓ If owned by an association, corporation, partnership, or other legal entity:

☐ Federal Employer Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

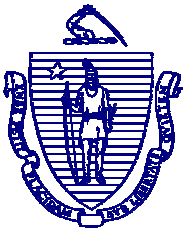
As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the Board of Health in accordance with 105 CMR 590.008 (FC 8-404-11). Imminent health hazards include but are not limited to: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness outbreak, gross unsanitary occurrences or condition, or suspected food tampering, any other circumstance that may endanger public health. (A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard). As the permit holder, I understand that the person in charge must immediately notify the Board of Health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.002(E)

25) Owner's / Authorized Officer's Signature – Print name, title, sign and date below:

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the New Bedford Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or Business Agent to prohibit smoking on the premises.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
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 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 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
600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia