



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

Mobile Food Truck Annual Advisory

You are applying for a food Truck permit with the
City of New Bedford Health Department

This is list of items you need to provide to qualify for a Food Truck permit
These items must be provided annually and 30 days prior to the expiration of the permit.

- 1) Application(s)- complete every line.
- 2) Applications received after the Dec. 1st filing deadline will be assessed a 20% late fee.
- 3) Fee - \$600.00, payable to the "City of New Bedford"
- 4) List of names and photocopy of driver's license/state issued ID from every person on the vehicle.
- 5) Certified Food Protection Management certification is required.
- 6) Certificate of training in Allergen Awareness is required.
- 7) Annual Route List (sheet attached)
- 8) Workman's Compensation Insurance Affidavit form.
- 9) Liability Insurance Policy listing the City as additionally insured.
- 10) Copy of vehicle's registration.

***Please note, each vehicle needs a permit. Incomplete applications will be returned.**

Feel free to contact the Health Department at 508-991-6199 with any questions.

Thank you,

New Bedford Board of Health



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Attention All Licensed Food Establishments

Effective October 5, 2018 the Massachusetts Department of Public Health officially adopted amendments to the State Sanitary Code Chapter X.

As a Food Establishment of any type you are required to have the following:

- **Employee Illness Policy**
- **Food Employee Reporting Agreement**
- **Clean-up Procedure for Vomit/Fecal Events**

*You can find links on our website with a sample of the above policies/ procedures and other educational materials you may need for your establishment

Resources and References:

- <https://www.mass.gov/lists/massachusetts-retail-food-code>
- <http://www.newbedford-ma.gov/health-department/>
- <https://www.mass.gov/lists/retail-food> - Food Protection Manager Certification Exam
- <https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
- <https://www.mass.gov/files/documents/2016/07/vt/food-label-brochure.pdf>
- <http://www.mafoodsafetyeducation.info/all.html>
- https://www.cdc.gov/nceh/ehs/docs/apc/apc_food_safety_self_inspection_checklist.pdf



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

Mobile Food Establishment Plan Review Application

Date: _____ New ☐ Remodel ☐ Turnkey ☐

Type of Food Operation: ☐ Food Truck ☐ Push Cart ☐ Ice Cream Truck

Other (Specify) ☐ _____

Name of Establishment: _____

Base of Operation Name: _____

Base of Operation Address: _____

Phone # _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Phone # _____ Email: _____

Applicant's Name: _____

Title: Owner ☐ Manager ☐ Other ☐ _____

Applicant's Mailing Address: _____

Applicant's Phone #: _____ Email: _____

Hours of Operation (if applicable):

Mon: _____ Fri: _____

Tues: _____ Sat: _____

Wed: _____ Sun: _____

Thurs: _____

Mobile Food Trucks:

Maximum # of Meals to be served (Approximate): _____

Breakfast: _____ Lunch: _____ Dinner: _____

Type of Service (Check all that apply): Take Out ☐ Caterer ☐ Sale of commercially prepackaged foods ☐

Projected Start Date of Project: _____

Projected Completion Date of Project: _____

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS

- ☐ Proposed Menu or complete list of food and beverages to be offered
- ☐ Plan of mobile unit diagram of food service area
- ☐ Photo of Signage on two sides of cart/unit.
- ☐ ID of all persons on truck or cart
- ☐ Manufacturer specification sheets for each piece of equipment to be used
- ☐ Purchase and Sale agreement or Lease
- ☐ Mobile unit registration
- ☐ Base of operation letter (owner of establishment allowing you to work out of their location)
- ☐ Base of operation food permit (if outside of city)
- ☐ Route List

FOOD SUPPLY

Food Sources: _____

How often will refrigerated foods be delivered? _____

How often will frozen foods be delivered? _____

How often will dry goods be delivered? _____

Provide the amount of space (cubic feet) allocated for:

Refrigerator Storage: _____

Freezer Storage: _____

Dry Storage: _____

Identify the location and containers that will be used to store bulk food products (rice, sugar, etc) _____

List all foods that will be cooked and cooled: _____

List all foods that will be cooked, cooled and reheated: _____

List all foods that will be hot held prior to service: _____

Hot holding for service of TCS foods (maintained at 140°F or above): Indicate

Type of unit(s): _____ Number of unit(s): _____

Location: _____

Cold holding for service of TCS foods (Maintained at 41°F or below): Indicate

Type of unit(s): _____ Number of unit(s): _____

Location: _____

Will Special Processing methods of foods such as Reduced Oxygen Packaging, Use of Additives to Render a Food Non-TCS, Curing and Smoking for Preservation, Cook Chill, Sous Vide, Live Molluscan Shellfish Tank, Sprouted Seeds, Fermenting to be used?

YES ☐ NO ☐ If yes please explain: _____

Will a HACCP plan be submitted? YES ☐ NO ☐

Will a request for a Variance be submitted? YES ☐ NO ☐

Explain the Handling/ Preparation Procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked, etc (prep table, sink, counter etc)
- When food will be handled / prepared (time of day and frequency/ day)

Ready to Eat Foods (e.g. salads, cold sandwiches, raw molluscan shellfish):

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

PEST CONTROL

YES

NO

Will all outside doors be self closing/rodent proof

☐☐

Will all openable windows have mesh screening
(minimum #16 mesh)?

☐☐

WATER SUPPLY

What is the capacity and location of the water heater?_____

Will an ice machine be installed? YES ☐ NO ☐

If so where?_____

WARE & DISHWASHING

Will the largest pot & pan fit into each compartment of the 3-compartment sink?

YES ☐ NO ☐

Describe the location & type of device used for air drying clean equipment:_____

What type of sanitizer(s) will be used for:

Food Contact Surfaces:_____

Glass Machine:_____Dish Machine:_____

Identify the location for the storage of poisonous/toxic materials:_____

Identify how grease will be disposed:_____

Identify the location of grease storage containers:_____

FINISH SCHEDULE: Indicate which materials (Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile, 4” Plastic Coved Molding, etc.) will be used in the following areas.

AREA	FLOOR	FLOOR/WALL JUNCTURE	WALLS	CEILING
Food Service Area				
Food Storage				
Other Storage				
Garbage &Refuse Disposal				
Warewashing Area				

REFUSE:

Where will refuse be disposed of:

**STATEMENT: I, _____ hereby
certify that the above information is correct and I fully understand that any deviation from the
above without prior permission from the New Bedford Health Department may nullify final
approval.**

Signature: _____ Title: _____

Print Name: _____ Date: _____

**Approval of these plans and specifications by this regulatory authority does not indicate
compliance with any other code, law, or regulation that may be required – Federal, State, or Local.
It further does not constitute endorsement or acceptance of the completed establishment (structure
or equipment). A pre-opening inspection of the establishment with equipment in place and
operational will be necessary to determine if it complies with Local and State Laws governing
Food Service Establishments. Prior to opening the applicant must also complete an application for
a food service permit along with applicable fees to the New Bedford Health Department.**

***NOTE* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Menu Allergen Assessment List

Please assess your menu items for food allergens and identify with an astric (*) on menu.

Additional notifications will be needed on site at establishment.

[illegible]

FOR OFFICIAL USE ONLY

Date Submitted: _____

Assigned Inspector: _____

Fee Received: \$ _____

Check #: _____

Person receiving fee: _____ Copy to Applicant ☐

Risk Level: 1 ☐ 2 ☐ 3 ☐ 4 ☐

Plan Review Approved

**Affix Official BOH Stamp
In Box Above**

Plan Review Denied ☐ Reason _____

Supervisory Inspector Signature: _____

Date: _____

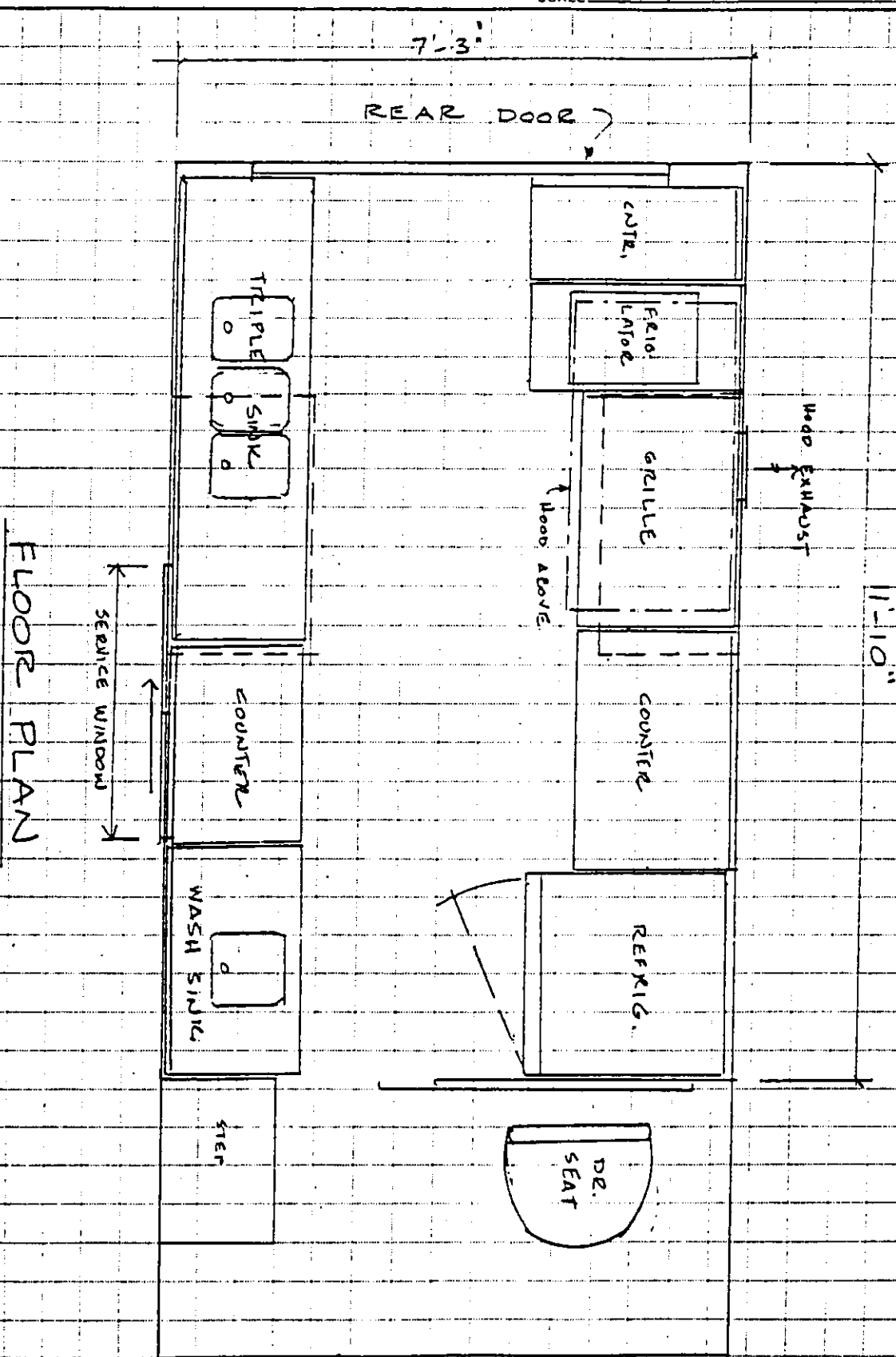
JOB FOOD SERVICE TRUCK

SHEET NO. 1 OF 3

CALCULATED BY RJC DATE _____

CHECKED BY _____ DATE _____

SCALE 1/2" = 1'-0"



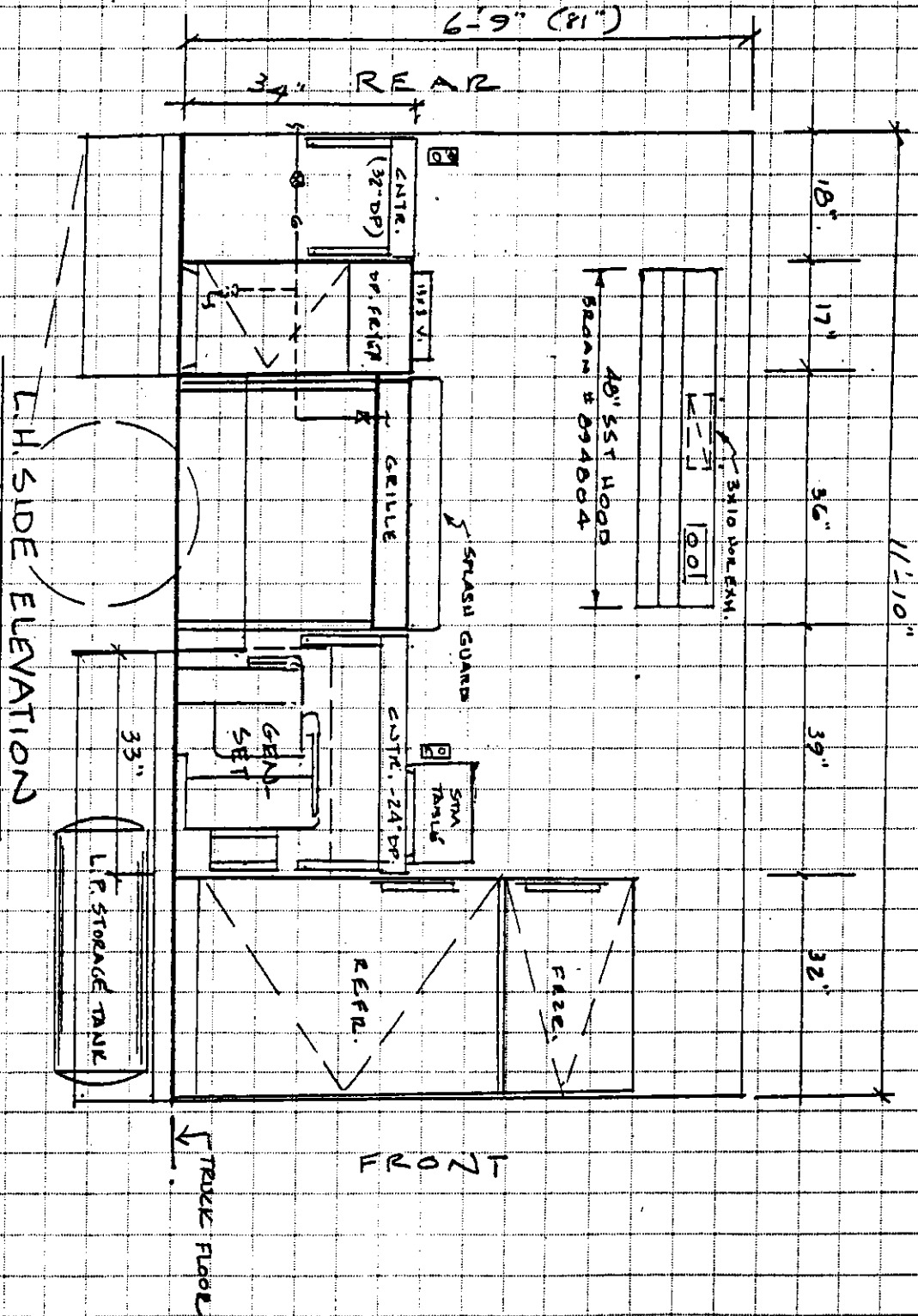
JOB FOOD SERVICE TRUCK

SHEET NO. 2 OF 3

CALCULATED BY RJC DATE _____

CHECKED BY _____ DATE _____

SCALE 1/2" = 1'-0"



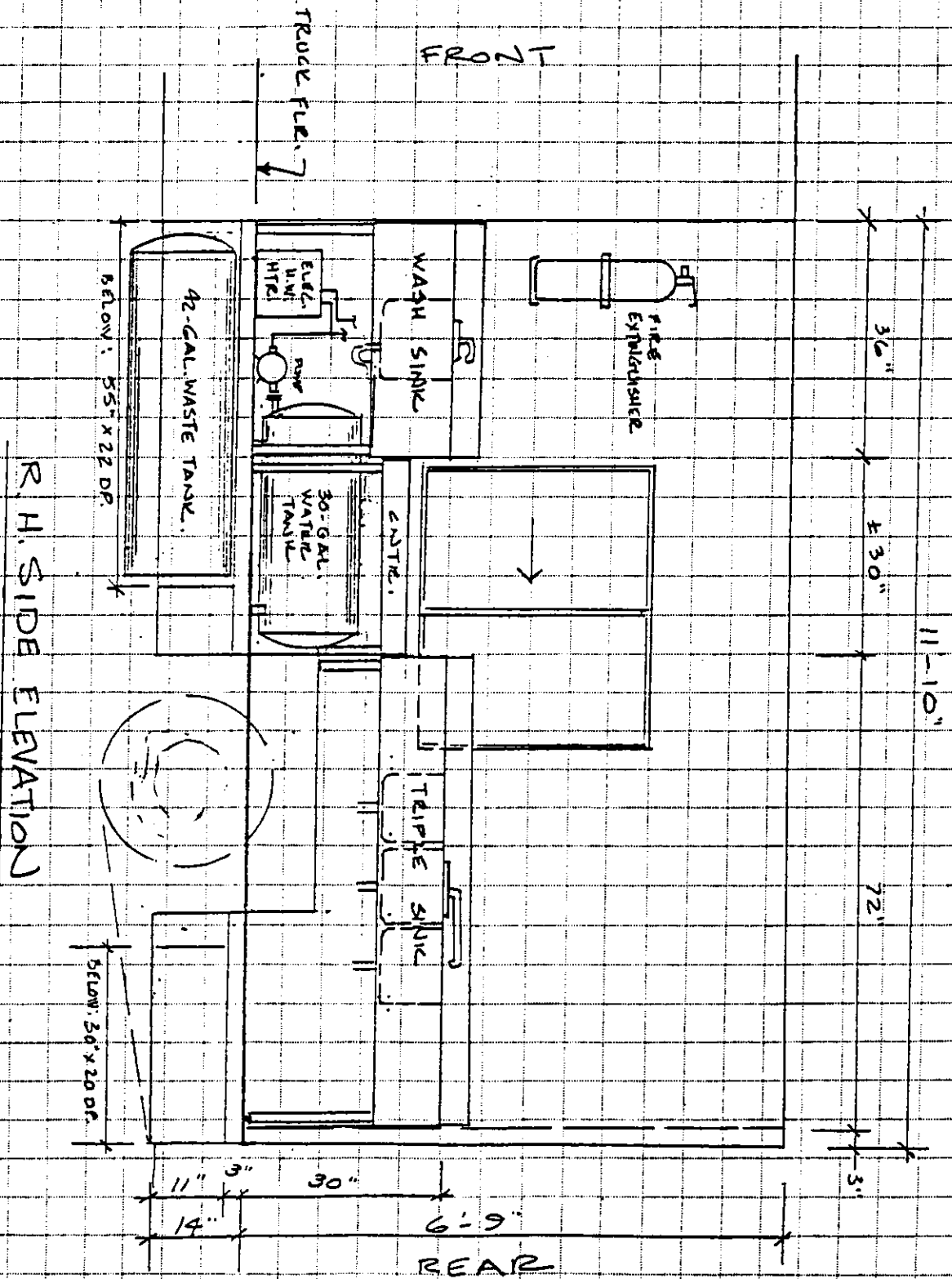
JOB FOOD SERVICE TRUCK

SHEET NO. 3 OF 3

CALCULATED BY RJC DATE _____

CHECKED BY _____ DATE _____

SCALE 1/2" = 1'-0"



R. H. SIDE ELEVATION

Sec. 15-72. Food trucks.

(a) *Definitions.*

Mobile food truck or food truck: Any business operation that stores, prepares, packages, serves, vends or otherwise provides food for human consumption as set forth in the State Sanitary Code 105 CMR 590.002 that is located upon a vehicle, or which is pulled by a vehicle. Food trucks shall include ice cream trucks used for vending prepared ice cream novelties, candy, drinks and various snacks.

Food establishment: Any business operation that stores, prepares, packages, serves, vends or otherwise provides food for human consumption as set forth in the State Sanitary Code 105 CMR 590.002 that is not located upon or pulled by a vehicle.

(b) *Application and permit.*

(1) *General.*

- a. No person, business entity or any other organization shall be permitted to operate a food truck in any public or private space or location within the city without first obtaining a permit from the health department.
- b. Each and every food truck must be individually permitted in order to operate in any public or private space or location.
- c. Annual fee for a permit shall be six hundred dollars (\$600.00). Permit shall be renewed automatically upon payment of fee so long as the permitted truck and permit holder remain in good standing. The effective date of the permit shall be consistent with the effective date of the permit holder's general liability insurance policy.
- d. No food truck shall park, stand, or move a vehicle and conduct business within areas of the city that has not been authorized to operate under this chapter.
- e. Notwithstanding any location area designated for the operation of a food truck, no food truck shall park or stand or conduct business within three hundred (300) feet of any food establishment.

(2) *Application.*

- a. Each applicant shall be provided with an application, a copy of any rules and regulations, and a copy of the ordinance governing mobile food trucks.
- b. Upon submitting the application for a permit, the applicant must also submit the following information:
- c. A certificate of insurance providing general liability insurance listing the city as additionally insured shall be provided to the health department at the time of application and annually thereafter.
- d. Name and copy of driver's license of each and every person who will be authorized to operate the permitted mobile food truck.
- e. The health department shall approve or deny an application for a permit within ninety (90) days of receipt of a completed application.

(c) *Violations.*

- (1) Any food truck operating in violation of any provision of this section shall be subject to a fine of one hundred dollars (\$100.00) for a first offense, one hundred dollars (\$100.00) for any second offense or

suspension or revocation of the permit. Such suspension or revocation shall be at the discretion of the commissioner of the department of inspectional services and the health department.

- (2) Whenever the commissioner and health department determines that suspension or revocation is an appropriate penalty for violations of this section, the commissioner shall provide written notice to the permit holder of the penalty and provide reasons for such suspension or revocation. Upon written request, the permit holder shall be given a hearing within forty-five (45) days of such request.

(d) *Locations.*

- (1) *Specifically designated locations.* Food trucks that have acquired the proper permits pursuant to this ordinance may operate on public property or, where applicable, on private property with permission of owner or person having control of said private property in the following areas only during the times designated for each area and three hundred (300) feet from food establishments:

Location A: Parks (paved areas of parks only, not to be established on grass covered areas), or city-owned ball fields (food trucks not operate within three hundred (300) feet of an "open" league run concession as if it were a restaurant) and in the industrial park or business park on private property with the permission of the owner or person in control of the private property so long as permitted truck is not obstructing traffic or endangering public safety.

Permitted hours: 9:00 a.m. to 8:00 p.m.

Location B: Working Waterfront District bordered by Route 18 (except that no such trucks shall stop on Route 18) as the furthest point westerly; from Interstate 195 south to Cove Road with the shoreline as the furthest point easterly.

Permitted hours: 6:00 a.m. to 3:00 p.m.

Location C: Historic Downtown on Barker's Lane only or anywhere in the downtown on private property with the permission of the owner or person in control of the private property so long as permitted truck is not obstructing traffic or endangering public safety.

Permitted hours: 10:00 a.m. to 3:00 p.m.

Location D: Beaches. East Beach public lots except that said lots shall be limited to the first three (3) permitted trucks to arrive on a given day and then each truck may be replaced on a first come first served basis as one (1) or more of the three (3) trucks exits the public lot. One (1) truck permitted on West Rodney French Boulevard on a first come first served basis.

Permitted hours: 9:00 a.m. to 8:00 p.m.

- (2) *Locations outside of specifically designated locations.* Food trucks that have acquired the proper permits pursuant to this ordinance may operate on any private property located outside of Locations A, B, C and D as described in subsection (d)(1) that is properly zoned for business use and the private property is held in common ownership with the owner of the licensed food truck operating on said private property. Food trucks, while operating under such a circumstance, shall not be required to keep any particular distance from a food establishment.

Permitted hours: 9:00 a.m. to 8:00 p.m.

(e) *Rules and regulations.*

- (1) Except when operating as described in section (d)(2) of this ordinance, food trucks shall not provide or allow any dining area, including, but not limited to, tables, chairs, booths, stools, benches and standup counters.
- (2) Consumers shall be provided with single service articles, such as plastic forks and paper plates, and a waste container for their disposal. All mobile food trucks shall offer a waste container for public use that the operator shall empty at his own expense.

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- (3) Mobile food truck must, at all times, comply with the state sanitary code and with any other federal, state or local statutes, regulations, ordinances and codes.
 - (4) Every mobile food truck operator must submit to any inspection requested by the city's health department, department of inspectional services or fire department.
 - (5) No person other than those listed on the approved application shall be permitted to operate a mobile food truck. The list of persons may be amended by submitting the names and copies of licenses to the health department.
 - (6) No person, company, organization or entity shall be permitted for more than five (5) mobile food trucks.
 - (7) The department of inspectional services and board of health shall be authorized to implement additional rules and regulations not in conflict with the provisions of this section. Copy of any additional rules and regulations promulgated by the department of inspectional services and board of health must be provided to each permit holder and to the city clerk.

(Ord. of 11-7-13, § 1; Ord. of 6-22-14, § 1; Ord. of 5-27-15, § 1; Ord. of 12-9-20, §§ 1, 2)

1) Mobile Food Trade Name:													
2) Mobile Unit's Address:													
3) Business Telephone No.: ()		Fax No.: ()											
4) Applicant Name:		Applicant's Title:											
5) Applicant Address: _____		TELEPHONE No.: ()_____											
Applicant's E-mail Address:													
6) Mailing Address (<i>if different</i>):													
7) Mobile Unit Owner Name: (First)_____(Last)_____(MI)_____													
* If an Association, Corporation, Partnership, Legal Entity; Enter Name :													
8) Owner's Address (<i>if different from applicant</i>):													
9) Operation is OWNED by: (<i>Check one</i>) <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> 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: <i>(Please provide an attachment if necessary)</i>												
	<table><thead><tr><th><u>Officer/Partner's Name</u></th><th><u>Title</u></th><th><u>Home Address</u></th></tr></thead><tbody><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr><tr><td colspan="3">_____</td></tr></tbody></table>		<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>	_____			_____			_____	
<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>											

11) Operation is: (<i>Check one</i>) <input type="checkbox"/> Part of Chain <input type="checkbox"/> Independent	(First) (Last) (MI) _____												
12) Person Directly Responsible for Daily Operations (<i>Owner, Person in Charge, Supervisor, Manager etc.</i>): Name:_____Title:_____Telephone No: ()_____													
Address:_____													
Fax Number: ()		24 Hour Emergency Number: ()											
14) Mobile Unit Type: <input type="checkbox"/> Trailer Unit <input type="checkbox"/> Food Truck (Motorized Vehicle)													
15) Days and Hours of Operation: Days:_____ Hours: _____		16) No. of Food Employees:											
17) Food Source(s) / Base of Operation:													

Food Truck Annual Application continued

18) Vending Location(s): <input type="checkbox"/> Private Property= Lease required <input type="checkbox"/> Public Property= Route List required (<i>form attached</i>)		
19) Water Source: _____ DEP Water Supply Number: (<i>if applicable</i>): _____		19) Gray water disposal: _____
21) Name of Person(s) in Charge Certified in Food Protection Management and Allergen Awareness certified: (<i>Copy of both certificates required- please attach</i>):		
21 List of Drivers/Operators (copy required): 1) _____ 2) _____ 3) _____ 4) _____		Please attach a copy of : (✓ <i>check one</i>) Driver's License / State ID: 1) <input type="checkbox"/> _____ 2) <input type="checkbox"/> _____ 3) <input type="checkbox"/> _____ 4) <input type="checkbox"/> _____
21) *Liability Insurance Policy (*City must be co- insured /Please attach a copy of the Policy declaration page) Insurance Company name: _____ *Worker's Compensation Policy (*if applicable, Please attach a copy of the Policy declaration page)		
23) Food Preparation: (Check all that apply) Definitions: TCS – requires time/temperature control for safety (TCS) foods to limit pathogenic microorganism growth or toxin Formation RTE – ready-to-eat foods (ex: sandwiches, salads, muffins which need no further processing)		
<input type="checkbox"/> Sale of commercially pre-packaged TCS (Time/Temperatures control for Safety Foods) <input type="checkbox"/> Delivery of packaged TCS foods <input type="checkbox"/> Reheating of commercially processed Precooked foods for service within (4) hours <input type="checkbox"/> Customer self-service of TCS foods and non-perishable foods only <input type="checkbox"/> Preparation of Non-TCS for retail sale <input type="checkbox"/> Offers RTE TCS foods in bulk quantities <input type="checkbox"/> TCS foods cooked to order <input type="checkbox"/> Preparation of TCS foods for hot and cold holding for single meal service	<input type="checkbox"/> Sale of raw animal foods intended to be prepared by consumer <input type="checkbox"/> Using cooking; cooling; reheating; hot or cold holding; freezing; or thawing in two or more step process <input type="checkbox"/> Ice manufactured and packaged for retail sale <input type="checkbox"/> Juice manufactured and packaged <input type="checkbox"/> Hot TCS foods cooked and cooled or hot held for more than a single meal service <input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population facility <input type="checkbox"/> Raw or undercooked food of animal origin (HACCP required)	<input type="checkbox"/> Vacuum packaging/cook chill (HACCP required) <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"/> Prepared food/single meals for catered events or institutional food service <input type="checkbox"/> Other (<i>Describe</i>): _____ <input type="checkbox"/> If applicable, Name of: Dumpster Co.: _____ Pick up dates: _____ Grease Hauler: _____ Pick up dates: _____ Pest Control Co.: _____

25) Business 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 mobile food 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 590.001 (FC8-404-11). 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 590.003(G).

26) 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.



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1213 Purchase St. New Bedford, MA 02740
508-991-6199

MOBILE ROUTE / MOBILE EVENT LIST

Please Check all that apply: ☐ **City Route List** ☐ **City Event List**

Please attach an intended daily menu/event menu and /or a retail food list for your operation.

Print:

Applicant Name/Address: _____

Name of Business (D/B/A): _____

Telephone Number: _____ **(where you can be reached 24 hours per day)**

MA Motor Vehicle Registration/Unit #: _____ **(Separate form is needed for each mobile unit)**

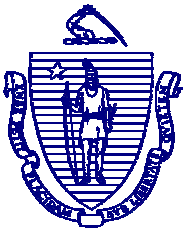
Base of Operation (servicing): _____

Food Source(s): _____

Are rest room facilities available at each location on the route? YES _____ NO _____

<u>Days:</u>	<u>Times:</u>	Daily Location(s) and/or <u>Location & Date of Event(s):</u>	<u>Menu Attached</u>
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N
			Y / N

Signature of Applicant: _____ **Date:** _____



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

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