



Natalia Alward <alwardn@grafton-ma.gov>

SPA 2023-01; 1 Grafton Common, Cafe

Nancy Connors <connorsn@grafton-ma.gov>
To: Planning Department <planningdept@grafton-ma.gov>

Wed, Mar 15, 2023 at 1:27 PM

The Health Department will need a Food Establishment Plan Review (see attached) filled out . Once that is completed, the Health Agent will review it with the Applicant. A Food Permit Application (see attached) will also need to be submitted.
Thank you.

Nancy Connors
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Health Department
[30 Providence Road](https://www.grafton-ma.gov/30-Providence-Road)
[Grafton, MA 01519](https://www.grafton-ma.gov/Grafton-MA-01519)
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When responding, please remember the Secretary of State considers e-mail a public record.

Consider the environment before printing this e-mail.

2 attachments

Food Establishment Plan Review.pdf
285K

Food Permit Applications-2023.pdf
377K



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-5335 x 1580 * Fax: (508) 839-8559
E-mail: healthdept@grafton-ma.gov



BOARD OF HEALTH

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION/CHECKLIST

___ NEW ___ REMODEL ___ CONVERSION

DATE: _____

FEE: \$200.00

APPROVAL SHALL BE GRANTED/DENIED WITHIN THIRTY (30) CALENDAR DAYS AFTER SUBMISSION OF THESE PLANS. **NO WORK MAY BEGIN ON THE FACILITY UNTIL THIS OFFICE GIVES FINAL APPROVAL.** SHOULD CHANGES FROM THE ORIGINAL PLAN BE MADE DURING THE CONSTRUCTION/ALTERATION, AN UPDATED PLAN MUST BE SUBMITTED.

Name of Establishment: _____

Restaurant: _____ Institution: _____ Daycare: _____ Retail Market: _____ Other: _____

Address: _____ Phone: _____

Name of Owner: _____ Cell Phone: _____

Mailing Address: _____ Home Phone: _____

Applicant's Name (if different): _____ Title: _____

Mailing Address: _____ Phone: _____

I have submitted applications/plans to the following authorities on the following dates:

Zoning: _____ Planning: _____ Building: _____ Conservation: _____ Fire: _____ Other: _____

Number of Seats: _____ Daily Meal Volume: _____ No. Staff per Shift: _____

Total Square Feet of Facility: _____ Number of Floors in Operation: _____

Maximum Meals to be Served: Breakfast _____ Lunch _____ Dinner _____

Projected Start Date: _____ Projected Finish Date: _____

Type of Service: Eat-in ___ Take-out ___ Caterer ___ Mobile Vendor ___ Delivery ___ Other ___

Please enclose the following documents:

_____ Proposed Menu (including seasonal, off-site and banquet menus)

_____ Manufacturer Specification sheets for each piece of equipment including toxics storage cabinet

_____ Site plan showing location of business in building; location of building on sites and location of any outside equipment (dumpsters, well, septic system, in-ground grease trap, etc. as applicable)

_____ Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services, mechanical ventilation, dressing rooms, locker areas/employee coat racks, employee rest area

_____ Details of Special Operations (salad bar, buffet, bulkfood, vacuum packaging, etc.)

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
4. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
5. Clearly designate handwashing lavatories for each toilet fixture and in each area of food preparation.
6. A mop sink or curbed cleaning facility with facilities for hanging wet mops
7. Provide the room size, aisle space, space between and behind equipment and their placement.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, garbage can washing area/facility; dressing rooms, locker areas, employee rest areas, and/or coat rack as required; toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;

- b. Complete finish schedules for each room including floors, walls, ceilings, counter tops and coved juncture bases;
- c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
- d. Lighting schedule with protectors;
 - (1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, walk-in refrigeration units
 - (2) At least 110 lux in dry food storage areas and other areas/rooms during cleaning
 - (3) At least 220 lux (20 foot candles):
 - (a) At a surface where food is provided for consumer self-service such as buffets/salad bars
 - (b) Where fresh produce or packaged foods are sold or offered for consumption
 - (c) Inside equipment such as reach-in and under-counter refrigerators
 - (d) At a distance of 75cm (30 inches) above the floor in areas used for handwashing and warewashing
 - (e) At a distance of 75 cm above the floor in areas used for equipment/utensil storage, toilet rooms
 - (4) At least 540 lux (50 foot candles) at a surface where a food employee is working with food
 - (5) At least 540 lux where an employee is working with utensils/equipment where employee safety is a factor.
- e. Food Equipment schedule including make/ model numbers, listing of equipment that is certified/classified by ANSI (when applicable).
- f. A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes and utensil (clean, soiled, cleaning, storage);
 - trash and garbage (service area, holding, storage);
- g. Ventilation schedule for each room;
- h. Written policy to exclude or restrict food workers who are sick or have infected cuts and lesions.

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs, hamburger, sliced meats, fillets	()	()
2. Thick meats, whole poultry (chicken, turkey), roast beef, pork roast, ham	()	()
3. Cold processed foods (salads, sandwiches, vegetables, fruits)	()	()
4. Hot processed foods (soups/chowders, stews, rice/pasta, casseroles, gravy)	()	()
5. Bakery goods (pies, cakes, custards, cream fillings, toppings, etc)	()	()
6. Other _____	()	()

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? YES / NO
2. What are the projected frequencies of deliveries for Frozen Foods: _____
Refrigerated Foods: _____ Dry Goods: _____
3. Provide information on the amount of space (in cubic feet) allocated for:
Dry Storage: _____ Refrigerated Storage: _____ Frozen Storage: _____
4. How will food/single service items be stored at least 6” off the floor?
5. Food storage units/shelving smooth, non-absorbent, durable?

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? YES / NO. Provide the method used to calculate cold storage requirements.
2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? YES / NO If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? YES / NO

Number of refrigeration units: _____ Number of freezer units: _____

4. Is there a bulk ice machine available? YES / NO

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's: Yes ____
No _____

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef roasts 130°F (121 minutes)

Solid seafood pieces, eggs, pork, immediate service and other PHF's 145°F (15 seconds)

Pooled eggs, comminuted meats/fish 155° (15 seconds) (only pasteurized to highly susceptible population)

Poultry, reheated PHF's 165° (15 seconds)

2. List types of cooking equipment.

HOT/COLD HOLDING, SERVING:

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service?

Indicate type and number of hot holding units _____

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service?

Indicate type and number of cold holding units _____

3. Are food display units/salad bars protected/shielded? Connected to floor drain?

Include specifications.

Explain how method for preventing bare hand contact with food and reuse of plates

will be handled _____

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation (FS) practices? YES / NO Anti-choking? (AC) YES/NO

Method of training:

Number(s) of employees (FS): _____ (AC): _____

Dates of completion: _____

3. Will disposable gloves utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? YES / NO

4. Will employees have paid sick leave? YES / NO

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____ Concentration: _____ Test Kit: YES / NO

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? YES/NO

If not, how will ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed on-site prior to use? YES / NO

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? YES / NO

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used below.

Kitchen	FLOOR	COVING	WALLS	CEILING
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

Floors slope toward floor drains? YES/NO Backflow preventors on faucets and all kitchen equipment? YES/NO

Drains from all equipment must have air gaps and be properly installed? YES/NO

Handsinks present in each food preparation and warewashing area? Provide specifications.

Aisles sufficient width? YES/NO Space between equipment and walls for easy cleaning? YES/NO

Kitchen countertops of suitable material? YES/NO Raw food prep tables available and suitable material?
YES/NO

Self-serve food area adequately protected? YES/NO

B. INSECT AND RODENT CONTROL

1. Will all outside doors be self-closing and tightfitting with rodent proof flashing ?

2. Are screen doors provided on all entrances left open to the outside?

3. Do all openable windows have a minimum #16 mesh screening?

4. Is the placement of electrocution devices identified on the plan?

5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected?

6. Is area around building clear of unnecessary brush, litter, boxes and other harborage?

7. Will air curtains be used? If yes, where? _____

C. GARBAGE AND REFUSE

Inside

8. Do all containers have lids? _____

9. Will refuse be stored inside or outside? _____

10. Is there an area designated for garbage can or floor mat cleaning?

Outside

11. Will a dumpster be used?

Number _____ Size _____ Location _____

Frequency of pickup _____ Contractor _____

12. Will a compactor be used?

Number _____ Size _____ Location _____

Frequency of pick up _____ Contractor _____

14. Is there an area to store recycled containers?

Indicate what materials are required to be recycled;

() Glass () Metal () Paper () Cardboard () Plastic

15. Is there any area to store returnable damaged goods

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. GarbageGrinder						
22. Ice machines						
23. Ice storage bin						

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	*"P" TRAP	VACUUM BREAKER	CONDENSATE PUMP
24. Sinks a. Mop b. Janitor c. Handwash d. 3 –Bay e. 2 -Bay f. 1 -Bay g. Water Station						
25. Steam tables						
26. Dipper wells						
27. Refrigeration condensate/ drain lines						
28. Hose connection						
29. Potato peeler						
30. Beverage Dispenser w/carbonator						
31. Other _____						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A "P" trap is a fixture trap that provides a liquid seal in the shape of the letter "P." Full "S" traps are prohibited.

32. Are floor drains provided, properly installed and trapped & easily cleanable? (Floors that receive discharge of water/fluid or are in areas where pressure spaying methods for cleaning are used must have floor drains).

E. WATER SUPPLY

33. Is water supply public () or private () ?

34. If private, has source been approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

35. Is ice made on premises () or purchased commercially () ?

If made on premise provide specifications.

Describe provision for ice scoop storage:_____

Provide location of ice maker or bagging operation_____

36. What is the capacity of the hot water generator?

37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

38. Is there a water treatment device? YES () NO ()

If yes, how will the device be inspected & serviced? _____

39. How are backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES () NO ()

41. If no, is private disposal system approved? YES () NO () PENDING ()

42. Are grease traps provided? YES () NO () If so, indicate on plan.

Provide schedule for cleaning & maintenance_____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES () NO ()

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES () NO ()

Indicate location: _____

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES () NO ()

48. Will linens be laundered on site? YES () NO ()

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? YES () NO ()

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

52. Are containers constructed of safe materials for bulk food products? YES () NO ()

Indicate type: _____

53. Location of utensil/equipment/dish storage:

clean _____ soiled _____

54. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

55. How is each listed ventilation hood system cleaned?

I. SINKS

56. Is a mop sink present? YES () NO () Type: floor () tub () other ()

If no, please describe facility for cleaning of mops and other equipment:

57. If the menu dictates, is a food preparation sink present? YES () NO ()

J. DISHWASHING FACILITIES

58. Will sinks or a dishwasher be used for warewashing?

Dishwasher () Two compartment sink () Three compartment sink ()

59. Dishwasher / Type of sanitization used:

Hot water (temp. provided) _____

If Booster required, type/model _____

Chemical type _____

Is ventilation provided? YES () NO ()

60. Do all dish machines have templates with operating instructions? YES () NO ()

61. Do all dish machines have working temperature/pressure gauges? YES () NO ()

62. Does the largest pot/pan fit into each compartment of the pot sink? YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

63. Are there drain boards on both ends of the pot sink? YES () NO ()

64. What type of sanitizer is used? Will instructions be posted for cleaning/sanitizing and use of test kits?

65. Are test papers and/or kits available for checking sanitizer concentration? YES () NO ()

chlorine () Iodine () Quaternary ammonium () hot water () other ()

Will you have a chart to record testing of sanitizer concentration? Include copy of template.

K. HANDWASHING/TOILET FACILITIES

66. Is there a handwashing sink in each food preparation and warewashing area? YES () NO ()

67. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet?
YES () NO ()

68. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()

69. Is hand cleanser available at all handwashing sinks? YES () NO ()

70. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks? YES () NO ()

71. Are covered waste receptacles available in each restroom? YES () NO ()

72. Is hot and cold running water under pressure available at each handwashing sink? YES () NO ()

73. Are all toilet room doors self-closing? YES () NO ()

74. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

75. Is a handwashing sign posted in each employee restroom? YES () NO ()

L. SMALL EQUIPMENT REQUIREMENTS

76. Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Counter-mounted equipment _____

Floor-mounted equipment _____

Other _____



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519

(508) 839-5335 x 1580 * Fax: (508) 839-8559

E-mail: healthdept@grafton-ma.gov



BOARD OF HEALTH

STATEMENT

I hereby certify that the above information is correct and complete with **NO** unanswered questions, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval. Unapproved changes to the facility will be rectified at the owner's expense prior to Operation Permit being issued. I have received and read the Grafton Board of Health Inspection Policy. I understand that no work may begin on the facility until the Board of Health grants final approval. **INCOMPLETE/INACCURATE APPLICATIONS WILL SIGNIFICANTLY DELAY FINAL APPROVAL.**

Signature(s) _____

Please Print: _____

Owner(s) or Responsible Representative(s) 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). After plan approval is granted, this office will make checks of the construction progress. A pre-opening inspection appointment to determine compliance with local and state laws with equipment in place & operational must be scheduled with this office at least one week prior to desired opening date. The new facility/operation may not begin food storage, preparation or service until the pre-opening inspection is made and a permit to operate is issued - will be necessary to determine if it complies with the local and state laws governing food service establishments.

Application Approved by: _____ Date: _____

Application Denied by: _____ Date: _____

Reasons/Comments: _____

Permit#: _____

Date Issued: _____



**TOWN OF GRAFTON
BOARD OF HEALTH**
30 PROVIDENCE ROAD
GRAFTON, MA 01519
(508) 839-8503

APPLICATION FOR FOOD ESTABLISHMENT PERMIT

*Applications must be completed **in entirety**, or they will be returned, resulting in delay of receipt of permits.*

LATE YEARLY APPLICATIONS (RECEIVED AFTER DECEMBER 12, 2022) WILL INCUR A \$100.00 NON-COMPLIANCE FEE

*(Applications for **New Food Establishments** must be submitted at least 30 days before the planned opening date)*

1) Establishment/Organization Name:													
2) Establishment/Organization Address:													
3) Establishment/Organization Mailing Address (if different):													
4) Establishment/Organization Telephone Number:	Email:												
5) Applicant Name & Title:													
6) Applicant Address:													
7) Applicant Telephone Number:	Applicant Cell Phone Number:												
8) 24 Hour Emergency Number:													
9) Owner Name & Title (if different from applicant):													
10) Owner Address (if different from applicant):	Telephone #:												
11) Establishment Owned By: <input type="checkbox"/> An Association/Corporation <input type="checkbox"/> An Individual/Partnership <input type="checkbox"/> Other Legal Entity: _____	12) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Title</u></th> <th style="text-align: left;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
13) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)													
Name & Title:	C.F.P.M.? <input type="checkbox"/> Yes <input type="checkbox"/> No Attach C.F.P.M. Certificates												
Address:	If No - Name of C.F.P.M.:												
Telephone Number:	Fax: Email:												
Emergency Telephone Number:													
Allergen Awareness Certificate Holder Name: _____	Attach Copies												
Name & Title:													
Address:													
Telephone Number:													

OVER >>>>>>>>>>>>

Food Establishment Information

15) Water Source: <input type="checkbox"/> Town <input type="checkbox"/> Private Well	16) Sewage Disposal: <input type="checkbox"/> Town <input type="checkbox"/> Private Septic	
17) Days and Hours of Operation:	18) Length of Permit: <input type="checkbox"/> Temporary: Date: _____ Time: _____ <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal: Date: _____	
19) Person(s) Trained in Anti-Choking Procedures (25 seats or more): _____ Number of Seats: _____ <i>Must be on premises during all hours of operation. Please attach current Certificate(s)</i>		
20) Location: (check one) <input type="checkbox"/> Permanent Structure	Menus: Please include copies of all current menus. Please include all food items being sold or served at the event and the source from which they are being purchased. Attach appropriate permit/license (Local, State, Federal).	
21) Establishment Type (check ALL that apply) <input type="checkbox"/> Food Service <input type="checkbox"/> Residential Kitchen/Cottage Food <input type="checkbox"/> Non-Profit How is product marketed and sold? _____ <input type="checkbox"/> Takeout <input type="checkbox"/> Bed & Breakfast Establishment <input type="checkbox"/> Retail <input type="checkbox"/> Institution <input type="checkbox"/> Farmers Market (Applications must be received 10 Business Days Prior to Opening or you will incur a \$100 non-compliance fee). <input type="checkbox"/> Caterer <input type="checkbox"/> Mobile / Must attached a <input type="checkbox"/> Frozen Dessert Manufacturer _____ Soft Serve Ice Cream copy of Grafton Hawkers/Peddlers License and Provide Name and Address of Base of Operation: _____		
22) Food Operations: (Check all that apply):	Definitions: TCS – Time/temperature control for safety required. Formally PHF- potentially hazardous food Non-TCS – No time/temperature controls for safety required. Formally non-PHF. RTE – Ready-to-Eat Foods (ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-TCS Foods	<input type="checkbox"/> TCS Food Cooked to Order	<input type="checkbox"/> Hot TCS Food Cooked and Cooled or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCS Foods	<input type="checkbox"/> Preparation of TCS Foods for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> TCS and RTE Foods Prepared for Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged TCS Foods	<input type="checkbox"/> Sale of Raw animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service within 4 Hours	<input type="checkbox"/> Customer Self-Service	<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"/> Customer Self-Service of Non-TCS and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Preparation of Non-TCS Foods	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (describe):	<input type="checkbox"/> Offers RTE TCS Food in Bulk Quantities <input type="checkbox"/> Retail Sales of Salvage, Out-of-Date or Reconditioned Food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application

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.

Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid taxes required under law.

23) Social Security or Federal ID Number: _____

24) Signature of Applicant: _____

New construction, remodel or conversion requires an Occupancy Permit from the Building Department in order to receive a valid Food Permit.



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance required]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-Profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporation 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



BOARD OF HEALTH

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER

30 Providence Road
Grafton, Massachusetts 01519
(508) 839-8503 • Fax: (508) 839-8559

FEE SCHEDULE

FOOD ESTABLISHMENTS	\$100.00
(Includes Milk & Cream & Frozen Dessert)	
RETAIL.....	\$100.00
(If you check Food Establishment AND Retail you only owe (\$100.00))	
MOBILE UNITS	\$100.00
CATERERS.....	\$100.00
FARMERS MARKET.....	\$25.00
ONE DAY EVENTS	\$10.00 (per day)
NON-PROFIT	\$10.00
NON-COMPLIANCE FEE.....	\$100.00