

DPW Office Building 275 Old Lancaster Road Sudbury, MA 01776 978 440-5479

Calendar Year 2019

TO: Sudbury Business Owners

RE: 2019 Food Permit New/Renewal

Food establishments are required by Massachusetts state law to apply, as a new business, or as an annual renewal, for a Food Permit. Permits are valid from January 1, 2019 thru December 31, 2019. Please read through the instructions and fill out the enclosed forms. The Department of health will require the completion of the following forms and applications in order to issue a Food Permit;

- o Sudbury Application (enclosed)
- Application Fee (pay to Town of Sudbury use enclosed Fee Schedule to determine fee amount required to renew)
- o Worker's Compensation Insurance Affidavit (enclosed)
- o Copy of your Workers Compensation Insurance Declaration page.
- o Certifications: ServSafe, Food Allergen, CPR, Choking etc...

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Thank you for your attention to this matter.

Sincerely,

Bill Murphy Sudbury Board of Health health@sudbury.ma.us Monday-Friday 8:00am-3:00pm 978-440-5479



SUDBURY HEALTH DEPARTMENT

275 OLD LANCASTER ROAD SUDBURY, MA 01776 Tel (978)440-5479 Fax (978)440-5404

FOR BOARD OF HEALTH USE ONLY						
Date Received	Date Inspected	Approved By	Permit # Issued	<u>Fee</u>		

2019 Food Establishment Permit Application

1) Establishment Name:							
2) Establishment Address:							
3) Establishment Mailing Address (if different):							
4) Establishment Telephor	ne No:	Email:					
5) Applicant Name and Title:							
6) Applicant Address:							
7) Applicant Telephone No: Email:							
8) Owner Name and Title (if different from applicant):							
9) Owner Address (if different from applicant):							
10) Establishment Owned By:		11) If a corporation or partnership, give name,					
		title and home address of officers or partners:					
☐ An association		Name: <u>Title:</u> <u>Address:</u>					
☐ A corporation							
☐ An individual							
☐ A Partnership							
☐ Other Legal ent	ity						
12) Person Directly Respo	onsible for Daily Operations (Own	er, Person in Charge, Supervisor, Manager etc.)					
Name & Title:							
Address:							
Telephone No:		Email:					
Emergency Telephone No:							
13) District Or Regional Supervisor (if applicable)							
Name & Title :							
Address:							
Telephone No:		Email:					

14) Source of Water				15) Rubbish Disposal Co.				
Sewage Disposal				Rendering Co. (For Grease)				
16) Days and Hours of Operation:				17) No. of Food Employees				
18) Name of Person In Charge Certified in Food Protection Management:								
Required as of 10/1/2001 in accordance with 10	05 CM	(R 590.003(A)). Please attach co	opy of certificate	e.				
19) Person Trained In Anti-Choking Procedures (if 25 seats or more):								
20) Location:		Establishment Type (che	ck all that	apply)				
(check one)		Retail (sq.ft)		Catere	er			
☐ Permanent Structure		•			Delivery			
☐ Mobile					idential Kitchen for Retail Sale			
Reg.#:		Food Service-Institution Resid			idential Kitchen for Bed and			
Base of Operation:					fast Home			
22) Length of Permit:		(Beds)		Reside	ential Kitchen for Bed and			
(check one)					akfast Estab.			
☐ Annual				Frozer	n Dessert Manufacturer			
☐ Seasonal/Dates		Other (Describe):						
☐ Temporary/Dates/Time								
23) Food Operations: Defin	nitions	S: PHF-potentially hazardo	ous food (tin	ne/temp	peratures controls required)			
(check all that apply):	Non-PHF's-non-potentially hazardous food (no time/temperature controls required)							
		RTE-ready-to-eat foods (E	Ex. Sandwic	hes, sale	lads, muffins which need			
		no further processing)						
☐ Commercially Pre-Packaged		PHF Cooked To Order			☐ Hot PHF Cooked and Cooled or			
Non-PHF's		Preparation of PHFs For Hot And Cold		Cold	Hot Held for More Than a Single			
☐ Commercially Pre-Packaged PHFs	1	Holding For Single Meal Service			Meal Service			
☐ Preparation of Non-PHFs		Sale of Raw Animal Foods Intended to		ed to	☐ PHF and RTE Foods Prepared F			
☐ Reheats Commercially Processed]	be Prepared by Consumer			Highly Susceptible Population			
Food for service within 4 hours		Customer Self-Service			Facility			
☐ Customer Self-Service Of Non-PHF		Ice Manufactured and Packaged for		r	☐ Vacuum Packaging/Cook Chill			
and Non-Perishable Foods Only		Retail Sale			☐ Use Of Process Requiring a			
☐ Delivers Food Within 1 Hour of		Juice Manufactured and Packaged			Variance and/or HAACP Plan			
Preparation		for Retail Sale			☐ Offers Raw or Undercooked Foo			
Other (Describe):		Offers RTE PHF in Bulk Quantities		s	of Animal Origin			
					☐ Prepares Food/Single Meals for			
		☐ Retail Sale of Salvage, Out-of			Catered Events or Institutional			
		Date or Reconditioned Food			Food Service			
I, the undersigned, attest to the accuracy	of th	e information provided	in this app	olication	n and I affirm that the food			
establishment operation will comply with	h 105	CMR 590.000 and all of	her applic	able la	w. I have been instructed by the bo			
of health on how to obtain copies of 105	CMR	590.000 and the federal	1999 Food	d Code.	•			
24) Signature of Applicant:					_			
Pursuant to MGL Ch. 62C, sec. 49A, I co	ertify	under the penalties of p	erjury tha	t I, to	my best knowledge and belief, have			
filed all state tax returns and paid state t	•		3 3	,	,			
_		-						
25) Federal ID:								
26) Signature of Individual or Corporate	· Nam	e:						



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.	heir workers' compensation policy information.			
I am an employer that is providing workers' compensation insu				
Insurer's Address: City/State/Zip:				
Policy # or Self-ins. Lic. #				
Attach a copy of the workers' compensation policy declaration	on page (showing the policy number and expiration date).			
Failure to secure coverage as required under Section 25A of MG fine up to \$1,500.00 and/or one-year imprisonment, as well as ci of up to \$250.00 a day against the violator. Be advised that a col Investigations of the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjury that	vil penalties in the form of a STOP WORK ORDER and a fine py of this statement may be forwarded to the Office of			
	•			
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 6. Other	Clerk 4. Licensing Board 5. Selectmen's Office			
Contact Person.	Phone #•			