



TOWN OF FALMOUTH - HEALTH DEPARTMENT

59 Town Hall Square Falmouth, MA 02540 - (508) 495-7485 - Email: health@falmouthmass.us

Application for a Permit to Operate a Mobile or Temporary Food Establishment

(Completed application must be submitted at least 30 days prior to the event)

Supporting documentation included:

- Allergen Awareness Certificate(s)
- Food Service Permit (if not based in Falmouth)

- Food Safety Manager Certificate(s)
- Workers' Compensation Policy Affidavit
- Certificate of Insurance for WC Policy

IF A MOBILE FOOD SERVICE OPERATION

Name of Applicant/Owner/Operator: _____

Mobile Location Address: _____

Business Name & Home Address: _____

IF A TEMPORARY OPERATION

Name of Event: _____

Date/Time of Event: _____

Location of Event: _____

Name of Applicant/Owner/Operator: _____

Business Name & Home Address: _____

ALL APPLICANTS MUST FILL IN THE FOLLOWING:

Telephone #: Day _____ Night _____

Telephone # during event (if different) _____

Telephone # of on-site staff/ operator _____

Email: _____

Establishment owned by:

- An association A corporation
- An individual A partnership
- Other legal entity _____

Type of food served (check all that apply):

- Time/temperature control for safety food (TCS) requiring refrigeration
- Non-time/temperature control for safety food not requiring refrigeration (including hot dog cart with no other TCS)
- Offering only prepackaged non-TCS; please skip to signature section.

Is any portion of your menu produced off-site, prior to the event? Is anything a processed food (vacuum packed, hermetically sealed, smoked, etc.)?

- Yes. If yes, provide a copy of your permit from the jurisdiction that permits that operation (state, local)**
- No, everything is prepared on-site at the event

If serving TCS foods, please complete the following:

TCS foods must be stored under 40°F. How will you be keeping **TCS food** cold during transportation and during the event?

How are the **TCS foods** cooked and how do you ensure proper cooking (grill, fryer, etc.)?

Will **TCS food** be cooked then cooled for reheating at another time? Yes No

If yes, any **TCS food** must be cooled quickly from 140°F to less than 70°F within 2 hours and then from 70°-40°F within 4 additional hours for a total of 6 hours. How will you be rapidly cooling hot TCS (if applicable)?

How will you be reheating (if applicable) and hot-holding the **TCS food**?

Bare hand contact with ready to eat foods is prohibited

(check all that apply)

- Disposable gloves will be provided and worn as required
- Tongs and utensils will be used.
- Other _____

The mobile unit must have facilities to wash, rinse and sanitize food contact surfaces (utensils, cutting blocks and other equipment). Check the box that applies.

- Fully functional 3 bay sink with running water
- Other, please describe

Hand washing sink is required.

Please describe the hand-washing facilities you will be bringing to this event.

What type of sanitizer will you be using on food contact surfaces? (check all that apply)

- Chlorine (bleach) 50 ppm
- Quaternary ammonia (200 ppm)
- Iodine (12.5-25ppm)
- Hot water- manual ware washing (170Fmin)
- Hot water- dishwasher (180F min)

***Test strips must be on hand at the event**

How is food protected from the public (including samples)? (check all that apply)

- Sneeze guards
- Individually wrapped
- Dome, lids and/or covers
- Other, please describe

How is food protected from insects? (check all that apply)

- Screens
- Air curtain fans
- All food is kept covered
- Other, please describe

WATER SOURCE

Are you coming to the event with your own water?

- Yes
 - ___ Municipal water (what city/town _____)
 - ___ Well water (provide well test report)
- No
 - ___ I will be connecting to a food grade hose directly to Falmouth's municipal water supply.

HOT WATER

How is hot water provided?

WASTE WATER

How is your waste water stored?

FEES: Payable by check or money order to Town of Falmouth.
 \$100.00 - Annual mobile food permit (5 days or greater)
 \$25.00 - Pre-packaged frozen novelties, non-potentially hazardous foods in manufacturer's packaging
 \$15.00/day - Mobile/Temporary permit (1-4 days)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that this temporary food establishment operation will comply with 105 CMR 590.002 and all other applicable laws.

Signature of Applicant:

Date:



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

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

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/ or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
- 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

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