



TOWN OF  
**CHESTER, MASSACHUSETTS**

01011

BOARD OF HEALTH  
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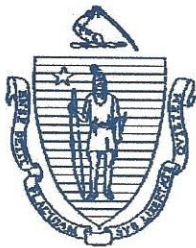
For Profit: \$150.00  
Non Profit: 75.00

### Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	
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:
<input type="checkbox"/> An association	Name: Title: Address:
<input type="checkbox"/> A corporation	
<input type="checkbox"/> An individual	
<input type="checkbox"/> A partnership	
<input type="checkbox"/> Other Legal entity	
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
13) District Or Regional Supervisor (if applicable )	
Name & Title :	
Address:	
Telephone No:	Fax:

<b>14) Source of Water</b> _____ <b>Sewage Disposal</b>		<b>15) Rubbish Disposal Co.</b> _____ <b>Rendering Co. (For Grease)</b>
<b>16) Days and Hours of Operation:</b>		<b>17) No. of Food Employees</b>
<b>18) Name of Person In Charge Certified in Food Protection Management:</b> Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate.		
<b>19) Person Trained In Anti-Choking Procedures</b> (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>20) Location:</b> (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg.#: _____ Base of Operation: _____		<b>21) Establishment Type</b> (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Retail (      sq.ft)  <input type="checkbox"/> Food Service (      Seats)  <input type="checkbox"/> Food Service-Takeout  <input type="checkbox"/> Food Service-Institution                          (      Meals/Day)                          (      Beds)           </div> <div> <input type="checkbox"/> Caterer  <input type="checkbox"/> Food Delivery  <input type="checkbox"/> Mobile Food  <input type="checkbox"/> Mobile Food Walk-on    <input type="checkbox"/> Bakery    <input type="checkbox"/> Frozen Dessert Manufacturer           </div> </div> <u>Other (Describe):</u> _____ _____
<b>22) Length of Permit:</b> <div style="text-align: center;"><input checked="" type="checkbox"/></div> Annual _____		
<b>23) Food Operations:</b> (check all that apply):		<b>Definitions:</b> PHF-potentially hazardous food (time/temperatures controls required) Non-PHF's-non-potentially hazardous food (no time/temperature controls required) RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's <input type="checkbox"/> Commercially Pre-Packaged PHFs <input type="checkbox"/> Preparation of Non-PHFs <input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only <input type="checkbox"/> Delivers Food Within 1 Hour of Preparation <b>Other (Describe):</b> _____ _____	<input type="checkbox"/> PHF Cooked To Order <input type="checkbox"/> Preparation of PHFs 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"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service <input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility <input type="checkbox"/> Vacuum Packaging/Cook Chill <input type="checkbox"/> Use Of Process Requiring a Variance and/or HACCP Plan <input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin <input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<p>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 1999 Food Code.</p>		
<b>24) Signature of Applicant:</b> _____		
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I , to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.		
<b>25) Federal ID:</b> _____		
<b>26) Signature of Individual or Corporate Name:</b> _____		





**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 #: \_\_\_\_\_