Town of Chester

boardofhealth@townofchester.net

15 Middlefield Road Chester, MA 01011 413-354-7781

Fee \$150.00 checks payable to The Town of Chester

BOARD OF HEALTH USE ONLY Date Received Date Inspected Approved By Permit # Issued

Food Establishment Permit Application

(Application must be submitted at least 30 days before the planned opening date)

1) Establishment Name:				
2) Establishment Address:				
3) Establishment Mailing Address (if different):				
4) Establishment Telephone No:		Email:	-1	
5) Applicant Name & Title:				
6) Applicant Address:				
7) Applicant Telephone No: 24 H		24 Hour Emergency No:		
8) Owner Name & Title (if different from applicant):				
Owner Address (if different from applicant):				
16) Establishment Owned By: An association A corporation An individual A partnership Other legal entity	11) If a corporation of officers or partner. Name	or partnership, give name, title, and home address of <u>Title</u> <u>Home Address</u>		
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)				
Name & Title:				
Address:	4			
Telephone No:	1	Fax:		
Emergency Telephone No:				
13) District Or Regional Supervisor (if applicable)				
Name & Title:				
Address:		Telephone:		

Food Establishment Information	n	
14) Water Source: DEP Public Water Supply No: (i	15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:
18) Name of Person In Charge C Required as of 10/1/2001in accord	ertified in Food Protection Management: ance with 105 CMR 590.003(A)	
	ing Procedures (if 25 seats or more): ☐ Yes	□No
29) Location: (check one) Permanent Structure Mobile	22) Establishment Type(check all that apply) Retail (Sq. Ft) Food Service – (Seats) Food Service – Takeout Food Service – Institution (Meals/Day)	
21) Length Of Permit: (check one) Annual Seasonal/Dates: Temporary/Dates/Time:	Other (Describe)	☐ Frozen Dessert Manufacturer
et: we will		20 ,00
23) Food Operations: (check all that apply):	TTE Teady-to-eat 100ds (Ex. sandwiche	emperature controls required) food (no time/temperature controls required) s, salads, muffins which need no further processing)
Pre-Packaged Non-PHFs	□ PHF Cooked To Order	Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
☐ Sale of Commercially Pre-Packaged PHFs	 Preparation Of PHFs For Hot And Cold Holding For Single Meal Service. 	 PHF and RTE Foods Prepared For Highly Susceptible Population Facility
☐ Delivery of Packaged PHFs	 Sale Of Raw Animal Foods Intended to be Prepared by Consumer. 	□ Vacuum Packaging/Cook Chill
Reheating of Commercially Processed Foods For Service Within 4 Hours.	☐ Customer Self-Service	Use Of Process Requiring A Variance And/o HACCP Plan (including bare hand contact alternative, time as a public health control)
Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	☐ Ice Manufactured and Packaged for Retail Sale	Offers Raw Or Undercooked Food Of Anima Origin.
Preparation Of Non-PHFs	 Juice Manufactured and Packaged for Retail Sale 	Prepares Food/Single Meals for Catered Events or Institutional Food Service
Other (Describe):	☐ Offers RTE PHF in Bulk Quantities	
	Retail Sale of Salvage, Out-of Date or Reconditioned Food	
The state of the s	ccuracy of the information provided in this a ply with 105 CMR 590.000 and all other applie f 105 CMR 590.000 and the federal Food Code	achie leur I beree in the contract of the cont
Pursuant to MGL Ch. 62C, sec	. 49A, I certify under the penalties of per eturns and paid state taxes required und Corporate Name:	jury that I, to my best knowledge and ler law.
Please attach serve safe allero	en, insurance certificate and other docu	ments



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:	8 7			
Address:				
City/State/Zip:P	hone #:			
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.] *Any applicant that checks box #1 must also fill out the section below showing the **If the corporate officers have exempted themselves, but the corporation has othe an organization should check box #1.	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 ir workers' compensation policy information. remployees, a workers' compensation policy is required and such			
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 fine up to \$1,500.00 and/or one-year imprisonment, as well as civi of up to \$250.00 a day against the violator. Be advised that a copy Investigations of the DIA for insurance coverage verification.	c. 152 can lead to the imposition of criminal penalties of a l penalties in the form of a STOP WORK ORDER and a fine of this statement may be forwarded to the Office of			
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 #:				