



# CITY OF FRAMINGHAM

Public Health Department



Public Health  
Prevent. Promote. Protect.

(508) 532-5470  
health@framinghamma.gov  
www.framinghamma.gov

MEMORIAL BUILDING  
150 Concord Street, Room 205  
Framingham, MA 01702

## Frozen Dessert – Application for License to Manufacture Frozen Desserts & Frozen Dessert Mix

According to M.G.L. c. 94, §65 G-U, frozen desserts manufacturers, both retail and wholesale, shall be licensed and inspected by the local Boards of Health. Frozen desserts are regulated in accordance with 105 CMR 500.000 - Good Manufacturing Practices for Food.

The following are the types of establishments that are considered frozen dessert manufacturers:

1. Wholesale manufacturing plants that pasteurize raw milk and cream;
2. Wholesale manufacturers who purchase a pasteurized mix and manufacture ice cream;
3. Retail manufacturers who purchase a pasteurized mix and manufacture ice cream, soft-serve ice cream or frozen yogurt in a frozen dessert freezing / dispensing machine.

Note: A “Frozen dessert freezing / dispensing machine is any machine that freezes, mixes and dispenses frozen desserts.

Complete the application below. Please print legibly. Incomplete application and missing documents may delay the review and permit process. Frozen dessert licenses expired annually on the last day of February.

### Type of Operation & Permit Information Check the applicable box below

Date: \_\_\_\_\_

#### A. Type of Application Select one of the following:

- |  |   |
|--|---|
| <input type="checkbox"/> New Application for License<br>Complete <b>All</b> sections of this application | <input type="checkbox"/> Renewal of an existing License<br><input type="checkbox"/> Check this box if there have been no changes to your operation. If there are no changes, complete sections A, B, C, D, E, F, G, H, I (skip sections J & K). |
|--|---|

#### B. Type of Operation / Business Select all that are applicable below:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Mobile Food Establishment<br>(Ice Cream Truck) | <input type="checkbox"/> Brick & Mortar Food Establishment<br>(Stationary) | <input type="checkbox"/> Temporary / Seasonal Event<br>(Fairs, Farmers Market etc.) |
|---|--|---|

### C. Establishment / Business Information

Name of Establishment / Business: \_\_\_\_\_

Brand / Trade Name under which products will be sold: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Will the product(s) be manufactured at the establishment listed above?  Yes  No

If No, List the location(s) of each establishment (plant) where the product(s) will be manufactured: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Owner Information**

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

If Corporation, Association or Partnership, please attach a list of the Officer's Names, Address and Phone Numbers

**E. Person-in-Charge (PIC) Information**

Name of PIC: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**F. Applicant Information**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

**G. Emergency Contact Information**

Name of Emergency Contact: \_\_\_\_\_ 24 Hour Phone Number: \_\_\_\_\_

**H. Type of Operation**

Retail Manufacturer |  Wholesale Manufacturer

**I. Type of Product(s)**

Frozen Desserts include but is not limited to ice cream, French ice cream, low fat ice cream, nonfat ice cream, frozen custard, gelato, ice milk, sherbet, sorbet, frozen yogurt, water ice, quiescently frozen confection, quiescently frozen dairy confection, frozen dietary dairy dessert, any soy-based frozen dessert, any rice-based frozen dessert, and any other similarly constituted product marketed as a frozen dessert including products made from the milk of cows, sheep, goats, and other dairy animals. Frozen Dessert Mix is any unfrozen mixture to be used in the manufacture of frozen desserts or milk shakes.

<input type="checkbox"/> Frozen Custard	<input type="checkbox"/> Gelato	<input type="checkbox"/> Ice Cream: Soft-Serve	<input type="checkbox"/> Ice Cream: Not Soft-Serve
<input type="checkbox"/> Sherbet	<input type="checkbox"/> Frozen Yogurt Not Soft-Serve	<input type="checkbox"/> Frozen Yogurt Soft-Serve	<input type="checkbox"/> Sorbet

Other - Specify: \_\_\_\_\_

**J. Operation & Equipment Information**

New applicants must complete. Renewing applicants can skip this section.

If Frozen Yogurt is manufactured, will it contain "friendly" cultured bacteria (live cultures)?  Yes  No

Will a Frozen Dessert Freezing / Dispensing Machine (Soft-Serve Machine) be used?  Yes  No

If Yes, what type of machine will be used? \_\_\_\_\_ How many? \_\_\_\_\_

If No, describe how the product will be prepared and the storage of the final product: \_\_\_\_\_

**Submit the specification sheets for the machine (if applicable)**

Will commercially pasteurized product(s) be used?  Yes  No

If No, describe what will be used and how: \_\_\_\_\_

Will the above final product be pasteurized?  Yes  No

If Yes, describe the pasteurization process: \_\_\_\_\_

**No milk or cream from a source outside of the United States, subject to the Federal Import Milk Act, 21 U.S.C §141 et seq., shall be used unless the importer has documentation to show that the exporter is in compliance with 21 CFR Part 1210.**

**K. Describe the Following**

New applicants must complete. Renewing applicants can skip this section.

Source of Ingredient(s): \_\_\_\_\_

How will the refrigerated and frozen product be delivered and transported? \_\_\_\_\_

If transported, how will the product temperature be monitored? \_\_\_\_\_

How often will the surfaces and equipment be cleaned and sanitized? \_\_\_\_\_

What are the procedures for **cleaning and sanitizing** the equipment and surfaces? \_\_\_\_\_

Type of Sanitizer:  Quaternary Brand Name: \_\_\_\_\_  Chlorine Brand Name: \_\_\_\_\_

Frozen desserts produced shall have the final product tested by a laboratory approved by the Massachusetts Department of Public Health (MDPH) **at least once a month. The laboratory must submit copies of the results to the Framingham Public Health Department. Non-dairy frozen desserts do not require bacteriological testing.** Non-dairy frozen desserts include sorbet, water ices, Italian ice, slush and some frozen coffee beverages.

Bacterial and other Standards **shall not exceed** the following standards:

Item	Standard Plate Count (SPC)	Coliform Count
Finished products produced by means <b>other than a Soft-Serve Machine</b>	30,000/ml	20/g
Finished products produced <b>in a Soft-Serve Machine</b>	30,000/ml	50/g

If Frozen Yogurt contains “Live Cultures”, SPC laboratory testing is not required \*\*

**Copies of all required test results shall be submitted directly to the Framingham Public Health Department by the certified laboratory within three (3) business days of the completion of the tests. See page 8 for a list of laboratories.**

**To obtain a Frozen Dessert Permit, for both New and Renewing Applicants, submit the following:**

- Completed “**Application for License to Manufacture Frozen Desserts and Frozen Dessert Mix.**” Incomplete applications and missing documents may delay the review and permit process.
- Fee made payable to the “City of Framingham”. **License Fee: \$5.00 (soft-serve), Manufacturing Establishment: \$200.00.** Credit cards are only accepted online at this time. **All fees are non-refundable.**
- Completed “Workers’ Compensation Insurance Affidavit”: General Business – See page 6. Attach a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date).
- Laboratory results must be submitted to the Framingham Public Health Department **within 30 days** of the start of operation and **monthly** thereafter. See page 8 for a list of laboratories.
- Copy of Certified Food Manager and Allergy Awareness Certificates.
- For Temporary or Seasonal Events (Trailer) – In addition to this application, submit a completed “**Temporary or Seasonal Events Permit Application**”.
- Copy of your “Food Employee Reporting Agreement” (Health Policy) – See template on page 9.

**All applications, training & information can be found on the City of Framingham’s Public Health website: <https://www.framinghamma.gov/3319/Food-Related>**

**For New Applicants, including existing establishments adding Frozen Dessert Manufacturing to their operation, in addition to above, submit the following:**

- For **New Food Establishments** Manufacturing Frozen Desserts and Frozen Dessert Mix - In addition to this application, submit a completed “**Food Establishment Plan Review Application**”. **This is not required for existing food establishments who are only adding Frozen Dessert Manufacturing to their existing operation.**
- For **New Food Establishments** – In addition to this application, submit a completed “**Food Establishment Permit Application**”. **This is not required for existing food establishments who are only adding Frozen Dessert Manufacturing to their existing operation.**
- For **New Food Establishments and Existing Food Establishments adding Frozen Dessert Manufacturing to their existing operation**, submit Equipment Specification sheet(s) used in the process (i.e. Soft-Serve
- For **New Food Establishments and Existing Food Establishments adding Frozen Dessert Manufacturing to their existing operation**, provide a sketch of the processing area and / or the placement of the Soft Serve Machine(s).

**Incomplete applications and missing documents may delay the review and permit process.**

Statement: Pursuant to M.G.L. Chapter 62C, § 49A, I, \_\_\_\_\_ certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all State tax returns and paid all State taxes required under law. I hereby attest to the accuracy of the information provided in this application. I understand any changes made to the submitted application must be submitted to the Framingham Public Health Department for review and approval prior to implementation. Additionally, I certify I will manufacture such products only from pure and wholesome ingredients and only under sanitary conditions.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

**For Official Use Only**

**Approved as submitted**

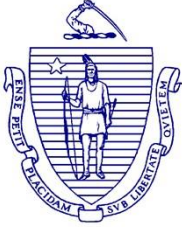
**Approved as submitted with the following condition(s):** \_\_\_\_\_

**Disapproved as submitted – Reason(s): \*\*** \_\_\_\_\_

**\*\* Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Title: **Public Health Inspector**

Date Permit was Issued: \_\_\_\_\_



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

<p><b>Are you an employer? Check the appropriate box:</b></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 req.]</p>	<p><b>Business Type (required):</b></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 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."

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## 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.

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## 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.

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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](http://www.mass.gov/dia)

# LABORATORIES

The following is a list of laboratories located in Massachusetts

Advanced Food Labs Inc.	31-B Foodmart Road Boston, MA	617-269-6424	<a href="https://www.advancedfoodlabs.com">https://www.advancedfoodlabs.com</a>
Analytical Testing Laboratory Co., Inc.	345 Trapelo Road Belmont, MA	617-484-7400	<a href="https://atllabfood.com">https://atllabfood.com</a>
G & L Labs Inc.	246 Arlington Street Quincy, MA	617-328-3663	<a href="http://www.gllab.com">www.gllab.com</a>
Lapuck Laboratories, Inc.	70 Shawmut Road Canton, MA	781-401-9999	<a href="mailto:info@lapucklabs.com">info@lapucklabs.com</a>
Microbac	117 Flanders Road Suite 101 Westborough, MA	508-329-7927	<a href="https://www.microbac.com">https://www.microbac.com</a>
Morrell Associates	1661 Ocean Street P.O. Box 268 Marshfield, MA	781-837-1395	<a href="https://www.morrell-associates.com/">https://www.morrell-associates.com/</a>



# Food Employee Reporting Agreement

## Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

#### A. SYMPTOMS OF:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

#### B. MEDICAL DIAGNOSIS OF BEING ILL WITH:

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

#### C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:

Have you ever been diagnosed as being ill with one of the diseases listed above?  Yes  No

If yes, what was the date of the diagnosis? \_\_\_\_\_

#### D. HIGH-RISK CONDITIONS

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

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I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

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I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

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Name of Food Employee or Conditional Food Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_

Signature of Permit Holder or Representative: \_\_\_\_\_ Date: \_\_\_\_\_