



Address: 150 Concord Street, Framingham, MA 01702
Framinghamma.gov

Office Telephone: (508) 532-5470
Office Fax: (508) 532-5760
Office Email: health@framinghamma.gov

Application for License to Manufacture Frozen Desserts and / or Ice Cream

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

In accordance with the provisions of Massachusetts General Law Chapter 94, Section 65H and 105 CMR 500.000 Frozen Desserts and Frozen Dessert Mixes, the undersigned hereby applies for a license for the wholesale / retail manufacture of frozen desserts and or ice cream mix.

Date: _____

Check the applicable box below

| | | | |
|--|--|---|---|
| <input type="checkbox"/> New Food Establishment Stationary | <input type="checkbox"/> Existing Food Establishment but adding Frozen Dessert Operation | <input type="checkbox"/> Renewal of an existing License | <input type="checkbox"/> Temporary or Seasonal Event (Cart) |
| Brick & Mortar Establishments | | | |

Establishment Information

Name of Establishment: _____

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: _____

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

Person-in-Charge (PIC) Information

Name of PIC: _____ Phone Number: _____

Title: _____ Email: _____

Applicant Information

Name of Applicant: _____

Address: _____ Phone Number: _____

Title: _____ Email: _____

Name of Emergency Contact: _____ 24 Hour Phone Number: _____

Type of Operation

Retail Manufacturer

Wholesale Manufacturer

If Wholesale Manufacturer, brand and trade name(s) of products: _____

Type of Product(s)

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Custard | <input type="checkbox"/> Gelato | <input type="checkbox"/> Ice Cream (not soft-serve) | <input type="checkbox"/> Frozen Yogurt (not soft serve) |
| <input type="checkbox"/> Frozen Yogurt (not soft-serve) | <input type="checkbox"/> Soft-Serve Ice Cream | <input type="checkbox"/> Soft-Serve Frozen Yogurt | <input type="checkbox"/> Sherbet |
| <input type="checkbox"/> Sorbet (only if dairy-based) | <input type="checkbox"/> Other: _____ | | |

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

Will a Soft-Serve Machine(s) be used? Yes No

- If Yes, what type of machine will be used? _____

How many machine(s)? _____

➤ **Submit the specification sheets for the machine(s)**

- If No, describe how the product will be prepared and the storage of the final product: _____

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.

Describe the Following

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: _____

All manufactured frozen desserts produced shall have the following tests performed by a laboratory on its finished product monthly. Bacterial and other Standards **shall not exceed** the following standards:

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

** If Frozen Yogurt contains "Live Cultures", SPC laboratory testing is not required **

- **IMPORTANT:** Copies of all required test results shall be submitted directly to the Framingham Department of Public Health by the certified laboratory within three (3) business days of the completion of the tests.

To obtain a License to Manufacture Frozen Desserts, submit the following:

- Completed "Application for License to Manufacture Frozen Desserts and / or Ice Cream Mix"
Fee made payable to the "City of Framingham".
- License Fee: \$5.00 (soft-serve), Manufacturing Establishment: \$200.00. Credit cards are not accepted at this time. **All fees are non-refundable**
- For **NEW** Food Establishments Manufacturing Frozen Desserts and / or Ice Cream Mix – Submit a completed "Food Establishment Plan Review Application"
- For **NEW** Food Establishments – Submit a completed "Food Establishment Permit Application"
- For Temporary or Seasonal Events (Trailer) – Submit a completed "Temporary or Seasonal Events Permit Application"
- Equipment Specification sheets used in the process (i.e. Soft-Serve Machine(s) etc.)
- Laboratory results must be submitted to the Framingham Department of Public Health within 30 days of the start of operation and monthly thereafter.
- For existing food establishments, provide a sketch of the processing area and / or the placement of the Soft Serve Machine(s)
- Copy of Certified Food Manager and Allergy Awareness Certificates
- Completed "Workers' Compensation Insurance Affidavit": General Business. Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).
- Copy of your "Food Employee Reporting Agreement" (Health Policy) – See template on page 8

Please note that any missing information may cause a delay in the decision making process.

Pursuant to M.G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law. I certify that the above information is correct and understand that if any changes are made to the plans or the above information without prior permission from the Framingham Department of Public Health may nullify final approval. 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

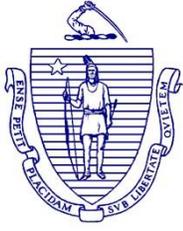
Approved as submitted with the following condition(s): _____

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 #: _____

Are you an employer? Check the appropriate

1. I am a employer or _____ employees (full and/ 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

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

LABORATORIES

The following is a list of laboratories located in Massachusetts

| | | | |
|---|---|--------------|---|
| Advanced Food Labs Inc. | 31-B Foodmart Road Boston | 617-269-6424 | https://www.advancedfoodlabs.com |
| Analytical Testing Laboratory Co., Inc. | 345 Trapelo Road Belmont | 617-484-7400 | https://atllabfood.com |
| G & L Labs Inc. | 246 Arlington Street Quincy | 617-328-3663 | www.gllab.com |
| Lapuck Laboratories, Inc. | 70 Shawmut Road Canton | 781-401-9999 | info@lapucklabs.com |
| Microbac | 117 Flanders Road Suite 101 Westborough | 508-329-7927 | https://www.microbac.com |

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.

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.

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.

Name of Food Employee or Conditional Food Employee: _____ Date: _____

Signature of Food Employee: _____

Signature of Permit Holder or Representative: _____ Date: _____

