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

Food Establishment Plan Review Application

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

Date: _____

1. Type of Food Operation

Check all the applicable operations

<input type="checkbox"/> Restaurant – Take Only (No eating on site)	<input type="checkbox"/> Restaurant – Seating (Eating on site)
<input type="checkbox"/> Single-Use Utensils Only	<input type="checkbox"/> Multi-Use Utensils
<input type="checkbox"/> Catering within a Restaurant/Market	<input type="checkbox"/> Catering Only (No Restaurant/Market)

For Catering Operations, in addition to this application, submit a “Catering Operation Plan Review” Application. The application can be obtained at: <https://www.framinghamma.gov/2997/Food-Related>

<input type="checkbox"/> Retail Market – No Food Preparation	<input type="checkbox"/> Retail Market – With Food Preparation
<input type="checkbox"/> Church – With Food Preparation	<input type="checkbox"/> Daycare with Food Preparation
<input type="checkbox"/> Institution – i.e. School, College	<input type="checkbox"/> Nursing Home, Assisted Living, Hospital

Frozen Dessert Manufacturer – In addition to this application, submit a “Frozen Dessert License” Application. The application can be obtained at: <https://www.framinghamma.gov/2997/Food-Related>

Other – Specify: _____

<input type="checkbox"/> New (New Business / Owner)	<input type="checkbox"/> Remodel (Existing Business)	<input type="checkbox"/> Conversion
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2. Food Establishment Information

The establishment name must be the same name listed on the CV (Common Victualler) License Application (if applicable)

Name of Establishment: _____

Address: _____ Framingham, MA 0170 _____

Establishment Phone Number: _____

3. Owner Information

The owner must be the same as the owner listed on CV License Application (if applicable)

Name of Owner(s): _____

Mailing Address: _____

Phone Number: _____ Email: _____

4. Applicant Information

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Title: Owner General Manager Manager Contractor Architect
 Other – Specify: _____

5. Hours of Operation

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

6. Operation Information

Total square feet of facility: _____ ft² Number of floors on which operations are conducted: _____

Maximum number of employees per shift: _____

Maximum number of employees working on a cookline: _____

Maximum number of employees working in food preparation areas: _____

Note: According to MA General Law Chapter 140 Section 2, Food Establishments that offers seating to the public for consumption on the premises requires a Common Victualler (CV) License.

According MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public. However; the Framingham Board of Health Regulations requires food establishments with any amount of seating for dining to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.

Will there be indoor seating/dining? Yes Number of seats approved by CV: _____ Unknown No

Will there be outdoor seating / dining? Yes No

Will the establishment have Sunday entertainment? Yes No

Will the establishment have entertainment (example: radio, live music, television)? Yes No

Will the establishment apply for an alcohol license? Yes No

Will the establishment serve food to a highly susceptible population (HSP)? Yes No

Approximately, what is the maximum number of meals that will be served?

Breakfast: _____ Lunch: _____ Dinner: _____

7. Specialized Processes

7A. Will any of the below Special Processing Methods be used? Yes No

If yes, check which special process(es) will be used:

<input type="checkbox"/> Cook-Chill	<input type="checkbox"/> Curing & Smoking for Preservation	<input type="checkbox"/> Fermenting
<input type="checkbox"/> Live Molluscan Shellfish Tank	<input type="checkbox"/> Reduced Oxygen Packaging (ROP)	<input type="checkbox"/> Sous Vide
<input type="checkbox"/> Sprouted Seeds	<input type="checkbox"/> Use of Additives to Render a Food as Non-TCS i.e. Sushi Rice	

Some Special Processes require a HACCP (Hazard Analysis Critical Control Point) Plan and / or a Variance

7B. Will a HACCP Plan be submitted? Yes – Submit a copy with this application No

7C. Will a request for a Variance be requested? Yes No

- If yes, complete the “Request for Variance Form” including the “Granted Variance” Section of the form. Download the application at: <https://www.framinghamma.gov/2997/Food-Related>

7D. Will noncontinuous cooking of raw animal products take place? Yes No

- If yes, A Plan must be submitted for review and approval

7E. Will the operation use Time as a Public Health Control (TPHC)? Yes No

- If yes, complete “Time as a Public Health Control (TPHC) Request for Variance” Plan Review Form. Download the application at: <https://www.framinghamma.gov/2997/Food-Related>

8. Food Information

8A. Check the categories of TCS foods to be handled, prepared and served:

Thin meats, poultry, fish, eggs – (hamburger, sliced meats, fillets): Yes No

Thick meats, whole poultry (roast beef, whole turkey, chickens, hams): Yes No

Cold processed foods (salads, sandwiches, vegetables): Yes No

Hot processed foods (soups, stews, rice, noodles, gravy chowders, casseroles): Yes No

Bakery goods (pies, custards, cream fillings and toppings): Yes No

Manufacture frozen desserts and/or ice cream mix – Example soft serve ice cream, gelato Yes No

- If yes, an application to “Manufacture Frozen Desserts and/or Ice Cream Mix” is required. Download the application at: <https://www.framinghamma.gov/2997/Food-Related>

8B. What are the projected frequencies of delivers for the following products:

Dry: _____ /week Refrigerated: _____ /week Frozen: _____ /week

Provide the amount of storage space (cubic feet) allocated for:

Refrigeration: _____ Freezer: _____ Dry Storage: _____

8C. Cook & Serve

List all foods that will be cooked and served hot: _____

8D. Hot Holding

List all foods that will be hot held prior to service: _____

Will hot holding devices be used to hold TCS Foods? Yes No

- If yes, Type of Device(s): _____ Number of Device(s): _____

8E. Cold Holding

List all foods that will be held cold prior to service: _____

Will raw meats, poultry & seafood be stored in the same refrigerators with cooked/RTE foods? Yes No

- If yes, describe how cross-contamination will be prevented between raw and cooked / RTE foods: _____

Number of refrigerator units: _____ Number of freezer units: _____

Will each refrigerator & freezer have a thermometer? Yes No

Does the establishment currently have a working walk-in refrigerator? Yes No

- If yes, it must be **evaluated by an HVAC (Heating, Ventilation, Air Condition) professional. Additionally, any existing refrigeration must also be evaluated by an HVAC professional. Provide a copy(s) of all service report including any repairs/adjustments.**
- If no, will a walk-in refrigerator be installed? Yes No

8F. Cooling

List all foods that will be cooked and cooled prior to service: _____

List all foods that will be cooled after hot holding: _____

Indicate below the cooling method used, the type of TCS food that will be cooled to 41°F within 6 hours (135°F to 70°F in 2 hours) and the location of cooling:

Example:

<input checked="" type="checkbox"/> Shallow Containers	Type of food(s): Rice	Location: Walk-in
<input type="checkbox"/> Shallow Containers	Type of food(s): _____	Location: _____
<input type="checkbox"/> Ice Bath	Type of food(s): _____	Location: _____
<input type="checkbox"/> Blast Chiller	Type of food(s): _____	Location: _____
<input type="checkbox"/> Stir with Frozen Ice Sticks	Type of food(s): _____	Location: _____
<input type="checkbox"/> Other Methods – Specify:	Type of food(s): _____	Location: _____

8 G. Reheating

List all foods that will be cooked, cooled and reheated prior to service: _____

Describe how and where TCS foods that are cooked, cooled and reheated for hot holding will be reheated and to what temperature. Attach additional sheets if necessary.

Example:

Cooking Device:	Stove	Type of food(s):	Soups	Temperature:	165°F	Holding Device:	Steam Table
Cooking Device:	_____	Type of food(s):	_____	Temperature:	_____	Holding Device:	_____
Cooking Device:	_____	Type of food(s):	_____	Temperature:	_____	Holding Device:	_____
Cooking Device:	_____	Type of food(s):	_____	Temperature:	_____	Holding Device:	_____

Will food thermometers be used to measure final cooking & reheating temperatures of TCS foods? Yes No

• If yes, what type of temperature measuring device? _____

8 H. Thawing Frozen Methods for TCS Food(s)

Check all that apply and indicate where thawing will take place:

Thawing Method	Thick Frozen Foods Approximately more than 1 inch thick	Thin Frozen Foods Approximately 1 inch or less thick
Refrigeration	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Running water less than 70°F	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Cooked from frozen state	<input type="checkbox"/> Location: _____	<input type="checkbox"/> Location: _____
Microwave - part of the cooking process	<input type="checkbox"/>	<input type="checkbox"/>
Other – Describe:		

8 I. Food Handling Procedures

Describe the handling/preparation procedures for the following categories of food. Describe the processes from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.)
- Where the food will be stored
- Where the food will be washed, cut, marinated, breaded, cooked etc. (prep table, sink, counter etc.)
- When food will be handled / prepared (time of day and frequency / day)

Ready to Eat Foods (RTE) – Example: salads, cold sandwiches, and raw molluscan shellfish: _____

Produce: _____

Poultry: _____

Meat: _____

Seafood: _____

Does the establishment have a basement? Yes No

If yes, what will the basement be used for? Food Preparation Food Storage Storage - Nonfood

If the basement will be used for food preparation, describe how it will be used: _____

Include a sketch and layout of the basement that identifies the locations of all equipment, sinks etc. and provide the equipment specification sheets.

If the basement is to be used for food and single-use item (to-go items) storage, they shall not be stored under sewer pipes.

9. Ware Washing – Mechanical and Manual

9A. Will a dish machine be used? Yes No – If no, check No and Skip to **Section 9B.**

If yes – Make: _____ Model: _____

Will ventilation be provided? Yes No

What type of sanitizer will be used in the dish machine? Hot Water Chemical – Type: _____

If hot water, will the final rinse be pressurized? Yes No

If pressurized, will the machine have a pressure gauge? Yes No

Will the machine be equipped to automatically dispense detergents and sanitizers? Yes No

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered or not delivered to the respective washing and sanitizing cycles? Visual Audible

What is the waste pipe connection? Direct Indirect (air gap)

Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

9B. Will a 3-compartment sink be installed? Yes No

3-Compartment sink: Length: _____ Width: _____ Depth: _____

Sanitizer that will be used: Chlorine - Name: _____ Quaternary – Name: _____

Contact time for sanitizer: Contact Time: _____ Contact Time: _____

Will the largest pot & pan fit into each compartment of the 3-compartment sink? Yes No

- If no, describe the cleaning method that will be used: _____

9C. Drying Space

Describe the location & type of device used for air drying clean equipment – Example: drainboards, wall-mounted, overhead shelves, stationary, or portable racks: _____

10. Bar Area

Will the establishment have a bar? Yes No – If no, check No and Skip to **Section 11.**

Will a 3-compartment be installed at the bar? Yes No

Will a glass machine be used? Yes No Make: _____ Model: _____

What type of sanitizer will be used? Hot Water Chemical – Type: _____

If hot water, will the final rinse be pressurized? Yes No

If pressurized, will the machine have a pressure gauge? Yes No

Will the machine be equipped to automatically dispense detergents and sanitizers? Yes No

What type of device will be installed on the ware washing machine to verify that detergents and sanitizers are delivered or not delivered to the respective washing and sanitizing cycles? Visual Audible

What is the waste pipe connection? Direct Indirect (air gap)

Note: A ware washing machine shall be equipped to automatically dispense detergents and sanitizers and incorporate a visual means to verify that detergents and sanitizers are delivered or a visual or audible alarm to signal if the detergents and sanitizers are not delivered to the respective washing and sanitizing cycles.

11. Cleaning & Sanitizing

Indicate below the type of sanitizer that will be used on food contact surfaces:

Chlorine - Brand Name: _____ Contact Time: _____

Quaternary – Brand Name: _____ Contact Time: _____

Other– Brand Name: _____ Contact Time: _____

12. Water Supply

Type of water source: Municipal Well

Type of water heater: Tank Tankless – How many: _____

Manufacturer: _____ Model: _____ Storage capacity: _____ gallons

Input rating: Electric _____ kW Gas _____ BTU's

Will an ice machine be installed? Yes No

Where will it be located? _____

What is the waste pipe connection? Direct Indirect (air gap)

13. Sewage Disposal

Where will the grease trap/interceptor be located? _____

How often will the grease trap(s) be cleaned? _____

14. Refuse & Recyclables

Will refuse/garbage be stored inside? Yes No

- If yes, identify location: _____

Describe how and where garbage cans and floor mats will be cleaned: _____

Will a dumpster be used? Yes No – If no, check No and Skip to **Section 15.**

How many? _____ Size: _____ Frequency of pick-ups: _____

Identify the dumpster location: _____

Name of company used for refuse pick-up: _____

Name of company used for grease pick-up: _____

All Waste Disposal Companies must be licensed with the City of Framingham Department of Public Health

Will there be an area to store recyclables? Yes No

Identify the area to store returnable damaged goods: _____

15. Pest Control

Describe method of pest control for the establishment including frequency: _____

Will screens be provided on all entrances left open to the outside such as window(s)? Yes No

Will all openable windows have mesh screening (minimum #16 mesh)? Yes No

Will air curtains be installed? Yes No

- If yes, describe location: _____

16. Dressing Rooms & Employee Accommodations

Are employees required to change into uniforms at the establishment? Yes No

Will dressing rooms/ lockers be provided? Yes No

Describe storage facilities for employees' personal belongings (i.e. purse, coats, boots, umbrellas, etc.): _____

Will toilette facilities be shared for employees and customers? Yes No

Will mechanical ventilation be provided in the toilette facilities? Yes No

Will the toilette facilities door be self-closing? Yes No

17. Cleaning Facilities

Will a mop/utility sink be installed? Yes No

Describe the location where mops and other cleaning equipment will be stored: _____

Describe where the cleaning & sanitizing solutions for the workstations will be stored: _____

Identify the location for chemical storage: _____

18. Linens & Laundry Facilities

Will linens be laundered on site? Yes No

- If yes, what will be laundered and where? _____

- If no, how and where will linens be cleaned? _____

Identify the location of clean and dirty line storage: _____

How often will linens be delivered and picked up? _____

19. Employee Health

Do you have written procedures to follow when responding to vomiting or diarrheal events? Yes No

- If yes, provide a copy
- If no, see page 21 for guidelines

Is there a Written Employee Health Policy for all employees? Yes – Provide a copy No – See page 22

The FDA “Employee Health & Personal Hygiene Handbook” can be used as a guide to develop the written plan and is a great resource. The handbook can be found at:
<https://www.framinghamma.gov/2997/Food-Related>

20. Plumbing Schedule

Check the appropriate box indicating equipment drains

Plumbing Fixtures	Floor Sink	Hub Drain	Floor Drain	Direct Waste
Bar Glass Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dipper Well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Prep Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Storage Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Wash Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Bin(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Machine(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Ware Washing Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Ware Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam Table(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other - Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Finish Schedule

Indicate the materials that will be used in the following areas (example: Quarry Tile, Stainless Steel, Fiberglass Reinforced Panels (FRP), Ceramic Tile etc.).

Area / Room	Floor	Coving	Wall	Ceiling
Bar Area				
Cook Line				
Dressing/Locker Rooms				
Food Preparation				
Food Storage				
Garbage & Refuse Storage				
Mop/Utility Sink Area				
Other Storage				
Toilet Room(s)				
Ware Washing Area				
Walk-in Refrigerator/Freezer				
Other - Specify				
Other - Specify				
Other - Specify				

22. Project Information

Projected Date for Start of Project: _____ Projected Date for Completion of Project: _____

**After six (6) months if the work has not started or an extension has not been granted by the Framingham Department of Public Health, your plan review application will be considered null and void.
Fees are nonrefundable.**

Statement: Pursuant to M.G.L. 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 all state taxes required under law. I hereby attest to the accuracy of the information provided above, and fully understand that any deviation from the above without prior permission from the Framingham Department of Public Health may nullify final approval.

Approval of these plans and specifications by the Framingham Department of Public Health does not indicate compliance with any other code, law or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). **A preopening/preoperational inspection of the establishment with equipment in place and operational will be required to determine if it complies with the local and state laws governing food service establishments.**

For the plan review, submit the following documents

Incomplete applications and missing documents may cause a delay in the plan review and decision-making process:

- Completed "Food Establishment Plan Review Application"

Applicable Fee – See below. **All Fees are Nonrefundable.** At this time, credit cards are only accepted online. Make checks / money orders payable to the "City of Framingham".

- | | |
|---|-----------------|
| • Small Establishment: 50 Seats or Less | \$50.00 |
| • Medium Establishment: 51 – 200 Seats Inclusive | \$100.00 |
| • Large Establishment: More than 200 Seats | \$150.00 |

- Retail Stores

- | | |
|--|-----------------|
| • Limited Retail – No Food Preparation | \$50.00 |
| • 10,000 or less ft² - No Food Preparation | \$150.00 |
| • 10,000 or less ft² - With Food Preparation | \$225.00 |
| • More than 10,000 ft² | \$400.00 |

- Proposed Menu – Indicate items that will be cooked on site or purchased pre-made

- HACCP Plan (Hazard Analysis Critical Control Point) Plan Review Application (if applicable) containing all required information (for Special Processes requiring a HACCP Plan).

One complete set of plans for the entire establishment including the basement (if applicable), drawn to scale (recommended ¼ inch scale) as well as an electronic copy. The plans should include and identify the following:

- Equipment plan and schedule showing locations of all equipment
- Plumbing plan showing hot and cold-water supply, waste lines from fixtures, water heater location, floor drain and sink locations
- Electric plan and/or lighting plan identifying lighting installments
- Interior room finish schedule
- Hand sinks and toilet facilities with soap and paper towel provisions
- Ware washing facilities and food preparation sinks
- Frozen dessert manufacturing area/machine (if applicable)
- Restrooms/toilet facilities
- Storage rooms/areas for food
- Service/utility sink/cleaning facilities
- Chemical storage area
- Employee storage area/changing rooms
- Outdoor dining area including service area (if applicable)

- One set of manufacturer equipment specification sheets for all equipment to be used in the establishment

- Previously "used", existing or refurbished equipment must be evaluated by a Certified Refrigeration Company / HVAC (Heating Ventilation and Air Conditioning) / Professional. This evaluation report must be submitted including any repairs or adjustments that were made.

- Previously "used", existing or refurbished mechanical dish/glass machines must be evaluated by a dish machine technician. This evaluation report must be submitted including any repairs or adjustments that were made.

- Vicinity map and site plan showing location of establishment site including alleys, streets and location of any outside equipment of facilities (dumpsters, well, septic system if applicable)

A copy of your Written Employee Health Policy – See page 22

Completed “Permit Application to Operate a Food Establishment” – See page 14

A copy of the following certificates (if applicable):

Certified Food Manager’s Certificate

Allergy Awareness Certificate

Choke Save Training Certificate – Applicable to establishments with seating

Completed “Application for License to Manufacture Frozen Desserts and/or Ice Cream Mix” (if applicable) – For an application, see: <https://www.framinghamma.gov/2997/Food-Related>

Completed “Workers’ Compensation Insurance Affidavit” – Submit with your “Permit Application to Operate a Food Establishment”

Request for Variance (if applicable) for Special Processes and Time as a Public Health Control. For application, visit

Signature: _____ Print: _____

For Official Use Only

Reviewed By: _____ Title: Public Health Inspector

Date Review Began: _____ Assigned Risk Category: _____

Date of Review Decision: _____ Assigned District: _____



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

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

Permit Application to Operate a Food Establishment

Complete the following application. Please print legibly. Incomplete applications and missing documents may delay the review and permitting process. According to the 2013 FDA Food Code 8-301.11, a person may not operate a food establishment without a valid permit to operate issued by the Local Board of Health.

Date: _____

Type of Application:

New Food Establishment Permit

Renewal of Existing Food Establishment Permit

Food Establishment Information

The establishment name must be the same name listed on the CV (Common Victualler) License Application

Name of Food Establishment: _____

Address: _____ Framingham, MA 0170 _____

Phone Number: _____

Indoor Seating: Yes No Number of Seats approved by Common Victualler (CV) License: _____

Outdoor Seating: Yes No Number of Seats approved by Common Victualler (CV) License: _____

Common Victualler License: According to MA General Law Chapter 140 Section 2, Food Establishments that offer seating to the public for consumption on the premises requires a CV License. For more information contact the City of Framingham **Licensing Department** located at **City Hall, 150 Concord Street, Room 203, 508-532-5402.**

Anti-Choking Procedures: According to MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public. However; the Framingham Board of Health Regulations requires food establishments with **any amount of seating for dining** to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.

Owner Information

The information listed below must be the Legal Owner as per the CV License (if applicable)

Name of Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Check the applicable type of business below:

<input type="checkbox"/> Association	<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other – Specify: _____
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Complete the following for the above checked box:

Name of Contact Person: _____ Title: _____

Phone Number: _____ Email: _____
If corporation, association or partnership, attach a list of the names, addresses and phone numbers of the Officers

Applicant Information

To qualify for a Food Establishment Permit, the applicant shall be an owner or officer of the legal ownership.

Name of Applicant: _____ Date of Birth: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Person-in-Charge Information

**The permit holder shall be the person in charge (PIC). If the permit holder is not present, a PIC shall be designated and shall be present at the food establishment during all hours of the operation.
There must always be a designated PIC.**

Name of Person **Directly** responsible at the Food Establishment: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Title: Owner Manager General Manager District Manager Other – Specify: _____

Person Responsible for Receiving and Addressing Inspection and Complaint Concerns

Name: _____ Title: _____

Phone Number: _____ Email: _____

This email above will be used to send the electronic inspection reports and communication

24 Hour Emergency Contact Information

Name: _____ 24 Hour Phone Number: _____

Operation Information

**Please check the appropriate boxes below for the operations performed at your establishment:
TCS means: Time Temperature Control for Safety Food – Foods that require refrigeration**

- A. My food operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food** that is **NOT TCS foods**.

Example: Potato Chips, Candy, Cookies

Example: Convenient store or gas station with no refrigeration and no refrigerated food products

- B. My food operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food that ARE TCS foods**.

Example: Milk, Cheese, Frozen Products etc.

Example: Convenient store with refrigerated food products

- C. My food operation **does prepare food** however the foods are **NOT TCS foods**.

Example: Dessert items - cookies, brownies, cakes that **DO NOT require refrigeration**.

Example: Bakery

**My food establishment operation prepares, offers for sale, or serves TCS for:
(check all that are applicable):**

- D1.** My food operation prepares / cooks' items only upon a Consumer's request.
Example: A customer orders a cheeseburger and it's cooked and served to the customer immediately
- D2.** My food operation prepares food in advance in quantities based on projected consumer demand and discards food that has not been sold or served at an approve frequency.
Example: Soup is cooked, held in a steam table and disposed at the end of the day.
- D.3** My food operation uses time as a public health control (TPHC) as specified under §3-501.19 in 2013 FDA Food Code.
Example: Storing at TCS Food at room temperature for a period of time
(this requires review from the department).
- E.** My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combing TCS foods ingredients; cooking, reheating; hot or cold holding;
Example: Cooking chicken with vegetables, cooling, and reheat to hot hold in a steam table
- F.** My food operation uses a Special Process
Example: Use of additives to render a food non-TCS (i.e. sushi rice), reduced oxygen packaging (ROP) / vacuum packing, cook-chill, sous vide, curing and smoking foods for preservation, live molluscan shellfish tank, fermentation (i.e. kimchi), sprouted seeds.
- G.** My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combining TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for delivery to and consumption at a location off the premises of the food establishment where it is prepared.
Example: Catering Operation
- H.** My food operation prepares TCS food in advance using a food preparation method that involves two or more steps which may include combing TCS foods ingredients; cooking, reheating; hot or cold holding; freezing; or thawing for service to a **Highly Susceptible Population** (HSP- See definition below).

HSP means individuals who are more likely than other people in the general population to experience foodborne disease because they are immunocompromised; preschool age children, or older adults. The facility provides food and services such as custodial care, health care, or assisted living, such as a child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such as a senior center.

Statement: Pursuant to M.G.L. 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 all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

Federal Identification Number

Total Fee Enclosed: \$ _____

Signature of Individual Corp. / Officer

To obtain a Permit to Operate a Food Establishment, submit the following:

- Completed “Application for a Permit to Operate a Food Establishment”. An incomplete application and missing documents may cause a delay in the permit process. **Do not leave any blank spaces.** Include your Federal Identification Number and Signature.
- Permit Fee - See “Food Service Establishment Fee Schedule” on page 18. Make check payable to “**City of Framingham**”. **Credit cards are ONLY accepted online** at this time. **All Fees are nonrefundable.**
- Completed “Workers’ Compensation Insurance Affidavit: General Businesses “– See page 19.
 Attached a copy of the workers’ compensation policy declaration page that shows the policy number & expiration date.
- A copy of the Person-in-Charge (PIC) Certified Food Protection Manger **AND** Allergy Awareness Certificates (if applicable). Check the expiration date. If your certificate is expired, submit a copy of the invoice for recertification.
 - **For training, visit: <https://www.mass.gov/lists/retail-food>**
- Copies of Choke Save Training - According to MA General Law, food service establishments with 25 or more seats are required to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public. However; the Framingham Board of Health Regulations requires food establishments with **any amount of seating for dining** to have an employee trained in Anti-Choking procedures at all times the establishment is open to the public.
 - **For training, visit: <https://www.framinghamma.gov/2997/Food-Related>**
- A copy of your “Written Employee Health Policy” – See page 22.
 - **For the “FDA Employee Health & Personal Hygiene Handbook”, visit: <https://www.framinghamma.gov/2997/Food-Related>**
 - **For the “Merged Food Code” (105 CMR 590.000 & 2013 FDA Food Code), visit: <https://www.mass.gov/files/documents/2019/01/04/Merged-Food-Code-11-16-18.pdf>**

If you plan to change or implement the following processes, plans must be submitted to the Framingham Department of Public Health for review and approval PRIOR to implementation.

- Remodeling the establishment / Changing Equipment.
- Adding Special Processes such as but not limited to: Smoking of Foods / Acidification as means of Food Preservation, Reduced Oxygen Packaging (ROP), Partial Cooking of Raw Animal Foods, and Using Time as a Public Health Control. Detail plans and specific information must be submitted for review.

**Framingham Department of Public Health is open Monday, Wednesday, Thursday from 8:30 am to 5:00 pm
Office hours are extended on Tuesday between 8:30 am to 7:00 pm
Friday office hours are reduced to 8:30 am to 2:00 pm**

If there are questions, please call the Framingham Department of Public Health at 508-532-5470

Food Service Establishments Fee Schedule

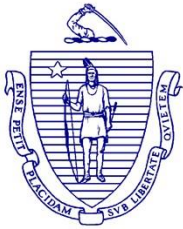
50 seats or less	\$150.00
51 to 200 seats inclusive	\$225.00
More than 200 seats	\$400.00

Retail Store Food Establishments

Limited Retail – Only pre-packaged non-TCS / PHF Foods (Time / Temperature Control for Safety Food / Potentially Hazardous Foods) – Foods that require refrigeration.	\$50.00
10,000 or less ft ² - No Food Service	\$150.00
10,000 or less ft ² - With Food Service	\$225.00
More than 10,000 ft ²	\$400.00
Residential Kitchen	\$150.00

Risk Categorization of Food Establishments

Risk Category	Description	Frequency of Insp/Yr.
1	Examples include most convenience store operations, hot dog carts, and coffee shops. Establishments that serve or sell only pre-packaged, nonpotentially hazardous foods (non time/temperature control for safety (TCS) foods). Establishments that prepare only nonpotentially hazardous foods (nonTCS foods). Establishments that heat only commercially processed, potentially hazardous foods (TCS foods) for hot holding. No cooling of potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 2 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors.	1
2	Examples may include retail food store operations, schools not serving a highly susceptible population, and quick service operations. Limited menu. Most products are prepared/cooked and served immediately. May involve hot and cold holding of potentially hazardous foods (TCS foods) after preparation or cooking. Complex preparation of potentially hazardous foods (TCS foods) requiring cooking, cooling, and reheating for hot holding is limited to only a few potentially hazardous foods (TCS foods). Establishments that would otherwise be grouped in Category 3 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 1 until history of active managerial control of foodborne illness risk factors is achieved and documented.	2
3	An example is a full-service restaurant. Extensive menu and handling of raw ingredients. Complex preparation including cooking, cooling, and reheating for hot holding involves many potentially hazardous foods (TCS foods). Variety of processes require hot and cold holding of potentially hazardous food (TCS food). Establishments that would otherwise be grouped in Category 4 but have shown through historical documentation to have achieved active managerial control of foodborne illness risk factors. Newly permitted establishments that would otherwise be grouped in Category 2 until history of active managerial control of foodborne illness risk factors is achieved and documented.	3
4	Examples include preschools, hospitals, nursing homes, and establishments conducting processing at retail. Includes establishments serving a highly susceptible population or that conduct specialized processes, e.g., smoking and curing; reduced oxygen packaging for extended shelf-life.	4



**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 an 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

Clean-up of Vomit and Diarrheal Events Guidelines

When an employee, customer, or other individual vomits or has a diarrheal event in a food establishment, there is a real potential for the spread of harmful pathogens in the establishment. Putting the proper response into action in a timely manner can help reduce the likelihood that food may become contaminated and that others may become ill as a result of the accident.

Norovirus is the leading cause of foodborne disease outbreaks in the United States and can be highly contagious even with a small number of viral particles. Transmission occurs via foodborne and person-to-person routes, airborne inhalation of vomitus droplets, and through contact with contaminated environmental surfaces.

Effective clean-up of vomitus and fecal matter in a food establishment should be handled differently from routine cleaning procedures. It should involve a more stringent cleaning and disinfecting process. Some chemicals that are routinely used for sanitizing food-contact surfaces and disinfecting such as certain quaternary ammonium compounds may not be effective against Norovirus.

A clean-up and response plan is intended to address situations where a food employee or other individual becomes physically ill in areas where food may be prepared, stored or served. **Once such an episode has occurred, TIMELY EFFECTIVE clean-up is IMPERATIVE.**

When developing a Plan that addresses the need for the cleaning & disinfection of a vomitus and / or diarrheal contamination event, a food establishment should consider the following:

- The Procedures for containment and removal of any discharges, including airborne particulates.
- The Procedures for cleaning, sanitizing, and, as necessary, the disinfection of any surfaces that may have become contaminated.
- The Procedures for the evaluation and disposal of any food that may have been exposed to discharges.
- The availability of effective Disinfectants, personal protective equipment, and other cleaning and disinfecting equipment and appurtenances intended for response and their proper use.
- Procedures for the disposal and / or cleaning and disinfection of tools and equipment used to clean up vomitus or fecal matter.
- The circumstances under which a food employee is to wear personal protective equipment for cleaning and disinfection of a contaminated area.
- Notification to food employees on the proper use of personal protective equipment and procedures to follow in containing, cleaning, and disinfecting a contaminated area.
- The segregation of areas that may have been contaminated so as to minimize the unnecessary exposure of employees, customers and others in the facility to the discharges or to surfaces or food that may have become contaminated.
- Minimizing risk of disease transmission through the exclusion and restriction of ill employees as specified in 2-201.22 of the 2013 FDA Food Code.
- Minimizing risk of disease transmission through the prompt removal of ill customers and others from areas of food preparation, service and storage; and the conditions under which the plan will be implemented.
- Conditions under which the Plan will be implemented.

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: _____
