



# CITY OF FRAMINGHAM

Public Health Department



Public Health  
Prevent. Promote. Protect.

Samuel S. Wong, PhD  
Director of Public Health

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

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 application and missing documents may delay the review and permit 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: \_\_\_\_\_

### Food Establishment Information

Name of Food Establishment: \_\_\_\_\_ Establishment Phone Number: \_\_\_\_\_

Address of Food Establishment: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Are containers of Milk sold?  Yes  No

Will Frozen Dessert(s) be Manufactured?

Yes  No

If Yes, complete a Frozen Dessert License Application

### Please check the appropriate boxes below for the operations performed at your Food Establishment:

- A.  My food establishment operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food that is NOT TCS / PHF** (Time / Temperature Control for Safety Food / Potentially Hazardous Foods). **Example: Potato Chips, Candy, Cookies etc.**
- B.  My food establishment operation **does NOT prepare food**, but DOES offer for sale **only prepackaged food that IS TCS / PHF**. TCS / PHF foods require temperature control. **Example: Milk, Cheese, Frozen Products etc.**
- C.  My food establishment operation **does prepare food** however the foods are **NOT TCS / PHF** items. **Example: Dessert items such as cookies, brownies, cakes – Items DO NOT require refrigeration or freezing.**
- D. My food establishment operation prepares, offers for sale, or serves TCS / PHF for: (check all that are applicable):
  - Food that is prepared / cooked only upon a Consumer's request. **Example: A customer orders a cheeseburger and it's cooked and served to the customer immediately.**
  - Food that is prepared in advance in quantities based on projected consumer demand and discards food that has not been sold or served at an approved frequency. **Example: Soup is cooked, held in a steam table and disposed at the end of the day.**
  - Uses time as a public health control (TPHC) as specified under §3-501.19 of the 2013 FDA Food Code. **Example: Storing at TCS Food at room temperature for a period of time (this requires review from the department).**
- E.  Prepares TCS / PHF 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. **Example: Cooking chicken with vegetables, cooling, and reheat to hot hold in a steam table.**
- F.  Uses a Special Process. **Example: Use of additives to render a food non-TCS / PHF (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.  Prepares TCS / PHF 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.  Prepares TCS / PHF 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 service to a **Highly Susceptible Population** (i.e. Immunocompromised, preschool age children, or older adults, custodial care facility, health care, or assisted living such as child or adult day care center, kidney dialysis center, hospital or nursing home, or nutritional or socialization services such a senior center).

Do you have seating?  Yes  No      Number of Seats approved by Common Victualler (CV) License: \_\_\_\_\_

### Owner Information

The Food Establishment is **Legally Owned** by (check one):

Association     Corporation     Individual     Partnership     Other: \_\_\_\_\_

Name of Legal Food Establishment Owner (as per the CV License application if applicable): \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Phone Number: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Name of Contact Person (if Association, Corporation or Partnership): \_\_\_\_\_

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

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

### Applicant's Information

- **To qualify for a Food Establishment Permit, an Applicant shall be an Owner or an Officer of the**

Check if the information is the same as above under owner's information

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Person-in-Charge Information

(Manager, General Manager, District Manager etc.)

A. Name of Person **Directly** Responsible at the Food Establishment: \_\_\_\_\_

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

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

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

**Provide an Email for receiving Inspection Reports and Information**

B. Name of Person who functions as the **Immediate Supervisor** of the Person listed in A above: \_\_\_\_\_

Title:    Zone Supervisor     District Supervisor     Regional Supervisor     Other

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

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

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

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". Please print legibly and note that any missing information may cause a delay in the permit process. **Do not leave any blank spaces.** Include your Federal Identification Number and Signature.
- Permit Fee (see page 4 for fee schedule). Please make check payable to "**City of Framingham**". Credit cards are not accepted at this time. **All Fees are nonrefundable.**
- Completed "Workers' Compensation Insurance Affidavit": General Businesses (page 5). Attached a copy of the workers' compensation policy declaration page (showing the policy number and 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.

- Copies of Choke Save Training - Each food establishment having a seating capacity of 25 persons or more have on its premises, while food is being served, an employee trained in manual procedures to remove food lodged in a person's throat. Proof of training for **choke save** must be available on site. All of these certificates must be obtained **PRIOR** to opening. Classes are offered in Newton and Framingham on a monthly basis. The class schedule can be obtain at:

<https://www.framinghamma.gov/3012/Certificates-Trainings>

- A copy of your Written Employee Health Policy. For more information on Employee Health and Personal Hygiene see the following websites:

**FDA Forms, Tables and Decision Trees for employee health – When to Exclude or Restrict Ill Employees:**

<https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/IndustryandRegulatoryAssistanceandTrainingResources/ucm113827.htm#forms>

**FDA Employee Health and Personal Hygiene Interactive Resource Disk**

<https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/fda-employee-health-and-personal-hygiene-interactive-resource-disk>

Note: According to MA General Law Chapter 140 Section 2, Food Establishments that offer seating to the public for consumption on the premises requires a Common Victualler (CV) License. Contact the  
**City of Framingham Licensing Department located at  
City Hall, 150 Concord Street, Room 121, 508-532-5402.**

**Plans must be submitted and written approval granted by the Framingham Department of Public Health PRIOR to changing or implementing the following processes:**

- Remodeling / 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.

The Framingham Department of Public Health is open Monday, Wednesday, Thursday from 8:30 A.M. to 5:00 P.M.  
 Office hours are extended on Tuesday between 8:30 a.m. to 7:00 p.m.  
 Friday office hours are reduced to 8:30 a.m. to 2:00 p.m.  
 If there are questions, please call the Framingham Department of Public Health at 508-532-5470

The MERGED FOOD CODE (combined 105 CMR 590.000 and 2013 FDA Code):

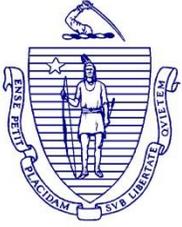
<https://www.mass.gov/files/documents/2019/01/04/Merged-Food-Code-11-16-18.pdf>

**Food Service Establishments Fee Schedule**

<b>Establishment Name Change</b>	<b>\$30.00</b>
<b>50 seats or less</b>	<b>\$150.00</b>
<b>51 to 200 seats inclusive</b>	<b>\$225.00</b>
<b>More than 200 seats</b>	<b>\$400.00</b>

**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.	<b>\$50.00</b>
10,000 or less ft <sup>2</sup> - No Food Service	<b>\$150.00</b>
10,000 or less ft <sup>2</sup> - With Food Service	<b>\$225.00</b>
More than 10,000 ft <sup>2</sup>	<b>\$400.00</b>
Residential Kitchen	<b>\$150.00</b>



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."

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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)