



BOARD OF HEALTH
TOWN OF FOXBOROUGH
 MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
 Tel. (508) 543-1207
 Fax (508) 543-6278

**APPLICATION FOR
 MOBILE FOOD OR MOBILE BEVERAGE PERMIT**

Application must be submitted 30 days before planned opening date/yearly renewal date.
\$100/Mobile Food; \$25/Mobile Beverage – check made payable to Town of Foxborough.
 Include \$200 Late Fee if submitted less than 30 days before opening/renewal date.

PERMIT EXPIRES ON DECEMBER 31st.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	<input type="checkbox"/> INITIAL PERMIT <input type="checkbox"/> BOH APPROVAL
CHECK# _____	<input type="checkbox"/> RENEWAL PERMIT

THIS APPLICATION MUST BE FILLED OUT COMPLETELY

1. Mobile Unit Name:										
2. Address:										
3. Mobile Unit Mailing Address (if different):										
4. Telephone No.:										
5. Applicant Name & Title:										
6. Applicant Address:										
7. Applicant Telephone No.:	24 Hour Emergency No.:									
8. E-Mail Address:	Fax No.:									
9. Owner Name & Title (if different from applicant):										
10. Owner Address (if different from applicant):										
11. Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	12. If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><i>Name</i></td> <td style="text-align: center;"><i>Title</i></td> <td style="text-align: center;"><i>Home Address</i></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<i>Name</i>	<i>Title</i>	<i>Home Address</i>	_____	_____	_____	_____	_____	_____
<i>Name</i>	<i>Title</i>	<i>Home Address</i>								
_____	_____	_____								
_____	_____	_____								
13. Person <i>Directly Responsible</i> For Daily Operations (Owner, Person in Charge, Mgr., etc.):										
Name & Title										
Address:										
Telephone No.:	Fax:									
Emergency Telephone No.:										
14. Licensed Food Establishment (Base of Operation)										
Name:										
Address:										
Telephone No.:	Fax:									
15. *Name of Person In Charge - Certified in Food Protection Management:										
ATTACH COPY OF CERTIFICATION (ServSafe)										

16. LIST ALL EVENTS/DATES/LOCATIONS WORKING:

(If Gillette Stadium Events, list exact location.)

17. DESCRIPTION OF WHAT YOU WILL BE SERVING OR SELLING:

18. a. Will food preparation include the generation of fats, oils and grease (FOG)?
(This includes cooking with dairy products, dressings, sauces, and any animal meats.)

- Yes - If Yes, where is your FOG disposal location: _____
 No

b. Will you be using paper products and other disposable servingware?

- Yes No

c. Where will you be washing and sanitizing cooking equipment?

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. (See our website at www.foxboroughma.gov/ for more information.)

BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required by law.

19. Social Security Number or Federal ID Number _____

Signature of Individual or Corporate Name _____ **Date** _____

CHECKLIST and INFORMATION

- Return the following documents with your completed application. (If forms do not accompany application, your application and check will be returned to you and permit request rejected.) :
 - Workers' Compensation Form (Valid for one year only.)
 - ServSafe Certification *(for potentially hazardous foods; not necessary for pre-packaged items)*
 - Allergy Awareness Certificate
 - Anti-Choking Certification (CPR) (if establishment has 25 seats or more)
 - Menu
- Allergen Awareness: (See 590.009(G) for further information.)
 - If applicable, the following statement must be posted on menu or placard: *"Before placing your order, please inform your server if a person in your party has a food allergy."*
- FOG Certification (If Applicable) and FOG FEE can be included with this application.
- Copy of Current License from the Town where base of operation is located.
- Signed Commissary Agreement.*
- Signed Restroom Facility Agreement.*
- Late Fee of \$200 will be incurred if application and proper forms are not submitted within 30 days of renewal/event date. If there is a need for a re-inspection for food code violation, fee is \$100; If re-inspection fee payment not paid within 14 calendar days of violation notice, additional fee will be assessed at 50% of the re-inspection fee.

BOH Permit MUST be posted at all times.

(updated April 2014)

Use of Commissary Agreement

Base of Operations

It is required that the operator of a Mobile Food Unit have a base of operation from an licensed commissary/shared kitchen facility. Home kitchens will not be approved. The kitchen is an essential part of a mobile food operation and must have facilities for supply storage, potable water, equipment cleaning and sanitizing, food preparation, refuse, water and grease disposal and other servicing activities.

Base of Operation Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Business Hours of Operation: _____

Attach copy of current permit

Mobile Unit/Vendor Information:

Name of Business: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone: _____

Title: _____ Email: _____

Days/Time at Base of Operation: _____

Signatures:

Base of Operation Owner/Agent: _____

Title: _____ Date: _____

Mobile Vendor Owner/Agent: _____

Title: _____ Date: _____

This agreement between the owner of the Base of Operation and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the kitchen as specified. Note that this agreement is not transferable. Should there be a change in ownership of either the kitchen or mobile food unit, or should there be any modification or cancellation of this agreement between parties, then the Mobile Food Establishment Permit may be suspended.

Approval: _____ Date: _____

Restroom Facility Agreement

Operators of mobile food operations shall obtain the use of adequate and suitable toilet facilities where hand washing facilities are available. 105 CMR 590.009 (B) (11)

1. The business named below must furnish written approval to the mobile food vendor at the time of the mobile food unit's initial licensing and each license renewal.
2. The business must allow the mobile food vendor employee(s) to use the restroom facilities of the business during the mobile vendor's hour of operations.
3. The restroom must be located within 200 ft of the mobile vending unit.

I, _____ have read and understand the items of responsibility
Business Owner or Responsible Party

listed above and agree to comply with all of the requirements. I give permission to

_____ to use my establishment,
Mobile Food Vendor

_____, located at _____
Business Name Business Address

as their main restroom facility.

I understand that I (business owner/responsible party) need to notify the ISD Health Division should I be unable to honor this agreement for any period of time, and that I (mobile food vendor) need to find alternative arrangements and inform the ISD Health Division in writing should such need arise. If toilet facilities are found inadequate or do not meet minimum sanitation requirements, this agreement may be rescinded.

Signature of Business Owner/Responsible Party: _____

Title (e.g., owner, manager): _____ Date: _____ Phone number: _____

Signature of Mobile Food Vending Unit: _____

Date: _____ Phone number: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia