



## The City of Fitchburg

Health Department  
166 Boulder Drive, Suite 108  
Fitchburg, MA 01420  
Tel: 978-829-1870  
Fax: 978-829-1962

Board of Health  
John Bogdasarian, M.D., Chairman  
Ian Murray  
Sandra Knipe, R.N., B.S.N

**STEPHEN D. CURRY**  
HEALTH DIRECTOR

### 2020 ANNUAL FOOD ESTABLISHMENT PERMIT RENEWAL APPLICATION

**APPLICATION DUE DATE: April 30, 2019**

**Permit Period:** May 1, 2019 – April 30, 2020 unless otherwise stipulated on the permit.

**INSTRUCTIONS PLEASE READ CAREFULLY:** This application must be fully completed, submitted with the required documents and payment to the Fitchburg Health Department by April 30, 2019. **If you have any questions regarding this application, please contact Stephanie Holinko, the Fitchburg Food Inspector, at 978-829-1873 or by e-mail to: sholinko@fitchburgma.gov - Office hours are by appointment only.**

#### 2019-2020 Food Establishment Fee Schedule

The fee schedule has not changed since last year. Please follow the same risk level as you were assigned to last year. Check all fees that apply to your establishment. All establishments have been assigned a risk level. If you're unsure of your risk level or fee, please contact the Food Inspector at 978-829-1873.

Risk Level 1 Commercially pre-packaged food sale only. Examples of this would be a package store or convenience store (no coffee, no beverage dispensing machines) **\$50** \_\_\_\_\_

Risk Level 2 Commercially pre-packaged food sale of potentially hazardous foods such as eggs, butter and milk. This establishment may have limited food service such as coffee, beverage dispensing machines, sale of unpackaged self-service pastries, heating up fully cooked products in a microwave. Most convenience stores will fall under this risk level. **\$100** \_\_\_\_\_

Risk Level 3 Most full service restaurants and educational institutions that prepare and serve food fall under this risk category. Convenience stores who serve hot dogs fall under this category. **\$125** \_\_\_\_\_

Risk Level 4 Supermarkets fall into this category. Establishments that serve to highly susceptible populations such as at nursing homes, rest homes, and pre-schools. Establishments that conduct specialized processes that require a HACCP plan such as a sushi restaurant. **\$200** \_\_\_\_\_

Catering Only: **\$125** \_\_\_\_\_

Establishments with catering: **Add \$125 to your risk level** \_\_\_\_\_

Frozen Dessert License: **Add \$25.00 to your risk level** \_\_\_\_\_

Residential Kitchen for Bed and Breakfast: **\$100.00** \_\_\_\_\_

Residential Kitchen for Retail Sale: **\$100.00** \_\_\_\_\_

Seasonal Food Establishment (Operates six months or less per year): ½ of the cost of an annual permit

Seasonal Farmers Market Only: **\$25.00** \_\_\_\_\_

Permit for Nonprofit Distribution - Charitable non-profit entities distributing food at no cost (i.e. food pantries, soup kitchen): **Permit fee is waived pursuant to M.G.L. c. 94, § 328**

Late Fee: **\$35.00** \_\_\_\_\_

Any overdue monetary fines must be paid during the time of permit renewal payment.

**Total Fee:** \_\_\_\_\_

**Checks, Cash or Money Order is accepted**

**Make checks payable to the:** City of Fitchburg

Name of Establishment (DBA): \_\_\_\_\_  
 Location of Fitchburg Establishment: \_\_\_\_\_  
 Establishment Phone #: \_\_\_\_\_ Establishment website: \_\_\_\_\_  
 Establishment e-mail address: \_\_\_\_\_

Permit Holder (i.e. Corporation Name, Partners or Individual): \_\_\_\_\_  
 Permit Holder Home Phone #: \_\_\_\_\_ Permit Holder Cell Phone #: \_\_\_\_\_  
 Permit holder e-mail address (mandatory): \_\_\_\_\_

Permit Holder Mailing Address/Attention to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of 24 hour emergency contact: \_\_\_\_\_ 24 Hour telephone #: \_\_\_\_\_

**Operation Owned By (Please Check One):**

An association     A corporation/LLC     An individual     A partnership  
 Other legal entity. Please specify: \_\_\_\_\_

List below the information for all Owner(s), Partners, Corporate Officers, or Board of Directors. Use a separate sheet if necessary. **If a corporation**, please attach a printout of the summary screen generated by the state's corporation database containing the corporation's general information.

Information of Owner(s), Partners, Corporate Officers or Board of Directors					
1	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
2	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
3	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
4	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned

Days and Hours of Operation

**REMINDER: If hours, or days of operation change at any point, please contact the Health Department Food Inspector to update our records.**

**1) Do you close for more than 7 consecutive days a year? Check one answer.**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If you checked yes, please specify the dates that you will be closed:** \_\_\_\_\_

**2) State the hours of operation for each day of the week below:**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Establishment Seating Information

**1) Does your establishment provide seating? Check "yes" or "no".** Yes \_\_\_\_\_ No \_\_\_\_\_

**If you checked "NO" to question #1, you may skip questions 2-4.**

**2) What is your maximum seating capacity?** \_\_\_\_\_

**3) For establishments with 25 or more seats, will there be at least one person on site with an anti-choking certification or a CPR certification while food is being served?** Yes \_\_\_\_\_ No \_\_\_\_\_

**4) For establishments with 25 or more seats, how many staff at your establishment have the anti-choking certification or CPR certification?** \_\_\_\_\_

General Establishment Questions

**1) Please list the names and locations of all of your food sources for your establishment. Please include all food and beverage distributors, food warehouses, and retail food stores you purchase from. Response required. Attach a separate sheet if necessary.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2) As required by M.G.L Chapter 152, Section 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement.**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Person in Charge (PIC) Information**

The PIC is the person who is in a supervisory position over the establishment. PIC is a regulatory term which “means the individual present at a food establishment who is responsible for the operation at the time of inspection.” Every establishment who obtains a food permit must have a designated PIC regardless of their risk level. For example, if a convenience store has one employee working, that one employee will be considered a PIC or alternate PIC.

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title/Position/Duty:** \_\_\_\_\_

**Average hours per week on site in a supervisory position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Alternate Person in Charge (PIC) Information**

The Alternate PIC is the person who is in a supervisory position over the establishment when the PIC is not on site. There must always be a designated Alternate PIC on site during all hours of operation at every establishment when the PIC is not on site. An establishment may have several Alternate PIC staff. For food service establishments who prepare and serve food, the Alternate Person in Charge must be knowledgeable of food safety, and should have both the Food Protection Manager Certification and Allergen Awareness Certification. Establishments with long hours of operation will typically have several alternate PICs.

**Alternate Person in Charge #1 Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title/Position/Duty:** \_\_\_\_\_

**Average hours per week on site in a supervisory position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Alternate Person in Charge #2 Information**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Title/Position/Duty:** \_\_\_\_\_

**Average hours per week on site in a supervisory position:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**The following must be submitted for permit renewal. If documents are missing, the application will not be accepted and permits will not be issued:**

**A completed Annual Food Establishment Permit Application**

**Permit Fee**

**City of Fitchburg Certificate of Tax Compliance:** This can be obtained from the City of Fitchburg Treasurer’s Office by contacting 978-829-1830 or visiting the Treasurer during normal office hours. Submission is required for all applicants. **REQUIRED FOR ALL APPLICANTS.**

- Completed Workers Compensation Affidavit: General Businesses.** See attachment. Submission of this document is required for all applicants.
- Certificate of Liability (ACORD 25 form) showing proof of coverage of your workers compensation. READ CAREFULLY:** This form must reflect proof of coverage at your Fitchburg establishment's address. You must obtain this document by contacting your insurance company and specifically requesting this form. This is not the policy declaration page and this is not the Notice to Employees document.
- Copy of your businesses valid non-expired Certificate of Inspection issued by the Fitchburg Building Department.** Submission of this document is required for all applicants. If you're unsure if you have this certification or need to obtain a copy of this certification, please contact the Fitchburg Building Department at 978-829-1880.
- Food Protection Manager Certification(s):** Submit copies for all trained individuals who have this certification (not required if only selling/serving commercially pre-packaged food items)
- Allergen Awareness Certification(s):** Submit copies for all trained individuals who have this certification (not required if only selling/serving commercially pre-packaged food items)
- Anti-Choking Certification(s) or CPR Certifications (For establishments with 25 or more seats):** Submit copies for all trained staff
- For businesses selling manufactured Frozen Desserts:** Laboratory results must be submitted to the Fitchburg Health Department within 30 days of the start of operation and monthly thereafter.

**Failure to submit the application by April 30, 2018 or submission of an incomplete application may result in late fees, a scheduled hearing in front of the Board of health and/or monetary fines.**

**I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required per M.G.L. Chapter 62C, Section 49A. I certify that I have read all of the conditions of this document and I hereby attest to the accuracy of the information provided in this application, and the attached documents and affirm to comply with jurisdictional current code. Additionally, I fully understand that any deviation from the above without prior permission from the Fitchburg Health Department may nullify Food Establishment permit.**

Applicant Signature: \_\_\_\_\_

Print Applicant Name: \_\_\_\_\_

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

Federal Identification Number (FID/EIN): \_\_\_\_\_

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

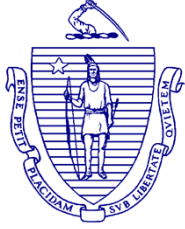
**FOR OFFICE USE ONLY**

Payment Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Check # or Money Order #: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Restrictions/Comments: \_\_\_\_\_

Risk Level (1-4): \_\_\_\_\_ Permit Effective Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_



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 a 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)





## Choke Save Procedure Certification Approved Vendors

Laura Proietti

Cell Phone: 508-364-4100

Home Phone: 978-534-5277

E-Mail: [lauraproietti@aol.com](mailto:lauraproietti@aol.com)

Beth D. Oleson

7 LeBaron Way

Mattapoisett, MA 02739

Phone: 508-758-3188, 508-596-2610

E-mail: [bdoleson@gmail.com](mailto:bdoleson@gmail.com)

Several courses are scheduled for 2019 in Framingham and Newton. To see the 2017 course schedule, please visit: <https://www.framinghamma.gov/DocumentCenter/View/34045/Choke-Save-Schedule-2019>

S.A.F.E. ChokeSaver Class

Phone: 978-703-1113

E-mail: [info@ChokeSaver.com](mailto:info@ChokeSaver.com)

Website: <http://www.chokesaver.com/>

When Seconds Count, Inc.

97 Boston Street

Salem, MA 01970

Phone: 978-744-4799

E-mail: [info@whensecondscount.net](mailto:info@whensecondscount.net)

Website: <http://whensecondscount.net/>

American Red Cross

Phone: 1-800-733-2767

Website: <http://www.redcross.org/>

American Heart Association

Phone: 1-800-242-8721

Website: <http://cpr.heart.org/>

# MAJOR CHANGES TO THE MASSACHUSETTS RETAIL FOOD CODE FOR FOOD ESTABLISHMENTS

The MA Department of Public Health amended 105 CMR 590.00: State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments (the Retail Food Code) to include sections of the 2013 FDA Food Code with amendments made by FDA in 2015. These changes became effective on October 5, 2018, and all Food Establishments are required to comply with its standards. This is a partial summary of the changes to the Retail Food Code. The Food Protection Program's Retail Food Code website provides the full text of the regulation as well as other useful tools and guidance. It can be accessed here: [mass.gov/lists/retail-food](http://mass.gov/lists/retail-food).

## TERMS

- "Potentially Hazardous Foods (PHF)" has been changed to "Time/Temperature Control for Safety Foods (TCS Foods)."
- "Cut leafy greens" is a new term that includes a variety of cut lettuces and leafy greens and is a time/temperature control for safety food (TCS).
- "Critical Item" has been changed to "Priority (P) Item" and "Priority Foundation (Pf) Item."
- "Non-critical Item" has been changed to "Core Item."

## PERMITS

Food Establishment Permits are no longer required if the operation:

- Only offers whole, uncut fresh fruits and vegetables, unprocessed honey, pure maple products, or farm fresh eggs which are stored and maintained at 45°F (7.2°C) or less.
- Only sells prepackaged foods that are not time/temperature control for safety foods.
- Is a cooking class held for educational purposes only.
- Is a bed-and-breakfast operation that: is owner occupied; guest bedrooms do not exceed six; breakfast is the only meal offered; and, number of guests served does not exceed 18.

For information about new permit types and restrictions, please see "Guidance on the Retail Food Code by Establishment Type" located at: [mass.gov/lists/retail-food](http://mass.gov/lists/retail-food).

## NEW DUTIES FOR PERSON IN CHARGE (PIC)

- Verify that food deliveries made during non-operating hours are stored safely and at proper temperatures.
- Inform employees in a verifiable manner of their responsibility to report all diseases that are transmissible through food.

## PREVENTING THE SPREAD OF NOROVIRUS

- A food handler must now be excluded if they test positive for Norwalk virus, Norwalk-like virus, Norovirus, or any other calicivirus to prevent foodborne cases of viral gastroenteritis.
- Every Food Establishment must now have written procedures for responding to and clean-up of vomiting and diarrheal events.

## FOOD SAFETY

- Date Marking and Disposition: All TCS foods held in an establishment for more than 24 hours must be clearly marked with the date by which the food is to be sold, discarded, or consumed.
  - o Exceptions include foods prepared and packaged by an inspected food processing plant such as deli salads, hard and soft cheeses with certain moisture content, cultured dairy products (yogurt, milk, sour cream) and shelf stable meats (prosciutto, pepperoni).
- TCS Food Temperature: Hot holding, receiving, reheating and beginning cooling temperature for TCS foods lowered from 140°F to 135°F
- Non- Continuous Cooking of Raw Animal: An establishment may partially pre-cook raw meat, cool the product, and finish the cooking process at a later time. The final cook step must bring the product to a cooking temperature specified under 590.003; FC 3-401.11(A) to fully cook the meat prior to serving. The establishment must have prior approval from the local board of health of written procedures for preparation and storage and compliance with standards in 105 CMR 590.003; FC 3-401.14.
- Time/Temperature Control for Safety Foods (TCS): Replaces Potentially Hazardous Foods (PHF) and now includes cut tomatoes and cut leafy greens. This means that cut tomatoes and cut leafy greens must be held at or below 41°F. Cut leafy greens are defined as fresh leafy greens whose leaves have been cut, shredded, sliced, chopped or torn and do not include herbs such as cilantro or parsley.
- Treating Juice: Juice packaged in a food establishment either treated under HACCP plan or contain a warning label.
- Time Only as a Public Health Control (TPHC): A variance is no longer required to use TPHC. Instead, a Food Establishment must prepare written procedures in advance which are submitted to the local board of health for review and made available upon request. Food must be marked with the time period when removed from temperature control. Temperature requirements are as follows:
  - o 4 hours: Initial temperature of 41°F or less when removed from cold holding temperature control, or 135°F or greater when removed from hot holding.
  - o 6 hours: Initial temperature of 41°F or less when removed from temperature control and the temperature may not exceed 70°F during a 6 hour time frame.

## EQUIPMENT AND SIGNAGE

- Inspection Signage: Food establishments required to post a conspicuous sign which tells customers that a copy of last inspection report is available upon request.
  - Temperature Measuring Devices: Requires an irreversible registering temperature indicator for mechanical warewashing.
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For Any Questions, please contact your Local Board of Health or the Massachusetts Department of Public Health, Bureau for Environmental Health's Food Protection Program at 617-983-6712 | Fax: 617-983-6770 | TTY: 617-624-5286 | Email: FPPDPH@state.ma.us

If you would like a copy of the state regulations or additional information concerning the retail food code, please visit [mass.gov/lists/retail-food](http://mass.gov/lists/retail-food)

