New Food Establishment Packet Checklist

This packet must be completed by the operator and submitted to the Montague Board of Health. Applications for new, remodeled, or transfer of owner establishments will not be considered until this package is completed and received by the Montague Board of Health.

- ☐ **Food Establishment Application**
- ☐ **New/Remodeled Establishment Questionnaire**
- ☐ **Floor Plan Submission for Review** (Review can take up to 30 days and will be returned to the operator either with approval or comments)
- ☐ **Worker's Compensation Affidavit**
- ☐ **Food Protection Manager Certification**
- ☐ **Allergen Awareness Certification**
- ☐ **Anti-Choking Procedure Certification** (For establishments with 25 or more seats)
- ☐ **Proposed Menu** (Should include all applicable allergen warnings and advisories regarding raw/undercooked animal products)
- ☐ **Manufacturer Specification Sheets for each piece of equipment shown in the plan.**

MONTAGUE TOWN HALL • ONE AVENUE A
TURNERS FALLS, MA 01376
PHONE: (413) 863-3200 EXT. 205 • FAX: (413) 863-3225

MONTAGUE BOARD OF HEALTH
FOOD ESTABLISHMENT PERMIT APPLICATION
(APPLICATION MUST BE RECEIVED 30 DAYS PRIOR TO PLANNED OPENING DATE WITH ALL PERMITTING FEES**)**

Date_____ Permit #_____
D.B.A._____ Phone_____
Name of Establishment_____
Address_____
City, State, Zip_____
Mailing (if different)_____
Applicant Name & Title_____ Owner/President_____
Address of Applicant Owner/President_____
Phone # of Applicant Owner/President_____
Establishment Owned By:
□ Association
□ Corporation
□ Individual
□ Partnership
□ Other Legal Entity:

BUSINESS OWNER INFORMATION AS REQUIRED ABOVE

If Corporation or partnerships give name, title, phone # & home address of officers or partners.

NAME	TITLE	HOME ADDRESS	PHONE

Name & address of Local Agent or Store Manager_____
_____
Phone # _____

Emergency response person (name)_____ Phone #_____

Days and hours of operation_____

Name & address of District or Regional Supervisor (If Applicable)_____
_____

Phone #_____

If institution, hospital, nursing home, day care, etc., Number of patients or clients, and employees_____

Social Security number_____ Federal Identification number_____

APPLICATION FEE IS NON-REFUNDABLE ALL PERMITS EXPIRE DEC. 31ST
PAYMENT IS DUE WITH THE APPLICATION

****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

FOOD ESTABLISHMENT INFORMATION

Water Source: _____ Sewage Disposal: _____

DEP Public Water Supply No (If Applicable) : _____

Number of Food Employees: _____

Name Person In Charge Certified in Food Protection Management: _____
(Required as of 10/01/2001 in accordance with 105CMR 590.00.(A) Please Attach Copy of Certificate)

Person Trained in Anti-Choking Procedures (If 25 Seats or More): □No □Yes _____

Location: □ Permanent Structure □Mobile

Establishment Type:
(Check All That Apply)

□ Retail (Sq. Ft.)
□ Food Service (Seats)
□ Food Service – Takeout
□ Food Service – Institution (Meals/Day)
□ Frozen Dessert Manufacturer
□ Caterer
□ Mobile
□ Residential Kitchen for Retail Sale
□ Residential Kitchen for Bed & Breakfast Home
□ Residential Kitchen for Bed & Breakfast Establishment

Length of Permit:
□ Annual
□ Seasonal/Dates:
□ Temporary/Dates/Time:

Definitions:
TCS Foods: Time/Temperature Controlled for Safety Foods
Non-TCS Foods: Non Time/Temperature Controlled for Safety Food
RTE: Ready to Eat Foods (Ex. Sandwiches, Salads, Muffins which need no further processing)

Food Operations:
(Check All That Apply)

□ Sale of Commercially Pre-Packaged Non-TCS Food
□ TCS Food Cooked to Order
□ Hot Cooked & Cooled or Hot Held for More Than a Single Meal Service
□ Sale of Commercially Pre-Packaged TCS Food
□ Preparation of TCS Food for Hot & Cold Holding for Single Meal Serve
□ TCS & RTE Foods Prepared for Highly Susceptible Population Facility
□ Delivery of Packaged TCS Food
□ Sale of Raw Animal Foods Intended to be Prepared by Consumer
□ Vacuum Packaging/Cook Chill (Reduced Oxygen packaging)
□ Reheating of Commercially Processed Foods for Service Within 4 Hours
□ Customer Self-Service
□ Use of Process Requiring a Variance and/or HACCP Plan
□ Customer Self-Service of Non-TCS Food and Non-Perishable Foods Only
□ Ice Manufactured and Packaged for Retail Sale
□ Offers Raw or Undercooked Food of Animal Origin
□ Preparation of Non-TCS Food
□ Juice Manufactured and Packaged for Retail Sale
□ Prepares Food/Single Meals for Catered Events or Institution Food Service
□ Offers RTE TCS Food in Bulk Quantities
□ Retail Sale of Salvage, Out-of Date or Reconditioned Food
□ Other (Describe):

I 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 the Federal Food Code and all other applicable law. I agree to allow the regulatory authorizing access to this establishment as specified in the Federal Food Code, including records. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

Signature of Applicant: _____
Pursuant to MGL 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 state taxes required under law.

Social Security Number of Federal ID: _____

Signature of Individual or Corporate Name: _____

Ryan Paxton, MPH, RS **Director of Public Health**

Town of Montague **Board of Health**

Questionnaire for New and Remodeled Food Establishments

Date: _____

1. Type of Application:

New: _____ Change of Ownership: _____ Remodel/Renovation: _____

2. Operation Information:

Total square feet of facility: _____ft² Number of floors on which operations are conducted: _____

Number of employees working in food preparation: _____

Will there be indoor seating/dining? ☐ Yes, Number of seats: ____ ☐ No

Will there be outdoor seating /dining? ☐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: _____

3. Specialized Processes:
Specialized processes can require a HACCP Plan (Hazard Analysis Critical Control Point). Please check below any special process(es) that will be used and include a HAACP plan with your packet if applicable:

☐Cook-Chill ☐Curing & Smoking for Preservation ☐ Fermenting
☐Live Molluscan Shellfish Tank ☐Reduced Oxygen Packaging (ROP) ☐ Sous Vide
☐Sprouted Seeds ☐Use of Additives to Render a Food as non-TCS (i.e., Sushi Rice)

Will Time be used as a public health control: ☐Yes ☐ No
Will non-continuous cooking of raw animal products take place: ☐Yes ☐ No

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Town of Montague **Board of Health**

4. **Food Information:**

Check all categories of TCS foods to be handled, prepared, and served:

Thin meats, poultry, fish, eggs – (hamburger, sliced meats, fillets) ☐
Thick meats, whole poultry (roast beef, whole turkey, chickens, hams): ☐
Cold processed foods (salads, sandwiches, vegetables): ☐
Hot processed foods (soups, stews, rice, noodles, gravy chowders, casseroles): ☐
Bakery goods (pies, custards, cream fillings, and toppings: ☐
Manufacture frozen desserts and/or ice cream mix. ☐
– (Example soft serve ice cream, gelato)

What are the projected frequencies of deliveries for the following products PER WEEK:
Dry: _____ Refrigerated: _____ Frozen: _____

Provide the amount of storage space (cubic feet) allocated for:
Refrigeration: _____ Freezer: _____ Dry Storage: _____

List all foods that will be cooked and served hot:

_____

_____

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): _____

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

_____

_____

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

_____

_____

Ryan Paxton, MPH, RS **Director of Public Health**

Town of Montague **Board of Health**

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.

Shallow Containers:
Food(s): _____
Ice Bath:
Food(s): _____
Blast Chiller:
Food(s): _____
Stir with Frozen Ice Sticks:
Food(s): _____
Other Methods:
Specify: _____
Food(s): _____

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. If you cannot fit all TCS foods on this page, please attach additional page(s).

Food(s): _____
Cooking Device: _____ Holding Device: _____ Final Temperature: _____

Food(s): _____
Cooking Device: _____ Holding Device: _____ Final Temperature: _____

Food(s): _____
Cooking Device: _____ Holding Device: _____ Final Temperature: _____

Food(s): _____
Cooking Device: _____ Holding Device: _____ Final Temperature: _____

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Town of Montague **Board of Health**

Check each thawing method(s) used for TCS Food(s):

Refrigeration:	Thick Frozen Foods ☐ Thin Frozen Foods: ☐
Running Water (Less than 70°F):	Thick Frozen Foods ☐ Thin Frozen Foods: ☐
Cooked from frozen state:	Thick Frozen Foods ☐ Thin Frozen Foods: ☐
Microwave	Thick Frozen Foods ☐ Thin Frozen Foods: ☐
Other (Please describe): _____	Thick Frozen Foods ☐ Thin Frozen Foods: ☐

5. Ware Washing

Will a dishwashing machine be used? ☐ Yes ☐ No
If yes – Make: _____
Model: _____
What type of sanitizer will be used in the dish machine?
☐Hot Water
☐ Chemical – Type: _____

Sanitizer that will be used in 3-bay sink:
☐ Chlorine _____ ☐Quaternary _____ Other, please describe: _____

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

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

_____

_____

Will the establishment have a bar? ☐Yes ☐ No
If yes, will a 3-compartment sink be installed at the bar? ☐ Yes ☐ No
Will a glass machine be used? ☐ Yes ☐ No

If yes, Make: _____ Model: _____

6. Cleaning & Sanitizing Food Contact Surfaces
Indicated below the type of sanitizer used for food contact surfaces:
☐Chlorine ☐Quaternary ☐Other– Please Describe: _____

7. Facility Information
Water Source: _____

Wastewater Disposal: ☐ Municipal Sewer ☐ Disposal System (Septic)

Location of grease trap/interceptor: _____

How will grease be disposed: _____
At what frequency will trap/interceptor be cleaned: _____

Will facility have a dumpster: ☐ Yes ☐ No Will there be a grease receptacle: ☐ Yes ☐ No

Will facility have an integrated pest management plan: ☐ Yes ☐ No

Public Restroom: ☐ Yes ☐ No Will employees change into uniforms at the facility: ☐ Yes ☐ No

Will linens be laundered on site: ☐ Yes ☐ No

Do you have a written procedure for responding to vomiting or diarrheal events? ☐ Yes ☐ No
If yes, please attach a copy.

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Town of Montague **Board of Health**

8. 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				

9. Approval from other Departments (Please Check-off)

Building Department: _____ Selectboard: _____

Electrical Inspector: _____ Fire Department: _____

Plumbing Inspector: _____

10. Signature

Print Operator Name: _____

Signature: _____ Date: _____

Ryan Paxton, MPH, RS **Director of Public Health**

Town of Montague **Board of Health**

FOOD ESTABLISHMENT PLAN REVIEW

From the 2018 Merged Food Code:

8-201.12 Contents of the Plans and Specifications.
The plans and specifications for a FOOD ESTABLISHMENT, including a FOOD ESTABLISHMENT specified under§ 8-201.13, shall include, as required by the REGULATORY AUTHORITY based on the type of operation, type of FOOD preparation, and FOODS prepared, the following information to demonstrate conformance with Code provisions:
(A) Intended menu;
(B) Anticipated volume of FOOD to be stored, prepared, and sold or served;
(C) Proposed layout, mechanical schematics, construction materials, and finish schedules;
(D) Proposed EQUIPMENT types, manufacturers, model numbers, locations, dimensions, performance capacities, and
installation specifications;
(E) Evidence that standard procedures that ensure compliance with the requirements of this Code are developed or are
being developed; and
(F} Other information that may be required by the REGULATORY AUTHORITY for the proper review of the proposed
construction, conversion or modification, and procedures for operating a FOOD ESTABLISHMENT.

8-201.20 Plan Approval or Disapproval [590.008(8)]
In addition to requirements set forth in FC 8- 201 Facility and Operating Plans: Plan approval shalt be granted or denied within 30 calendar days after the submission of said plans. If the board of health does not approve or disapprove said plans within such time, the plans shall be deemed to have been approved. Approval shall be denied only if such plans establish that the proposed food establishment will violate the provisions of 105 CMR 590.000 or other applicable laws, ordinances, or regulations. Disapproval of such plans shall be deemed an order to which the procedure provided in 105 CMR 590.015 shall apply.

Plans and Approval of Plans
The plans do not need to be professionally prepared. However, they do need to be legible, drawn to scale and contain all information necessary for review. Comments shall be returned to the contact person. Review and comments will be made as quickly as possible but may take up to thirty (30} days (see 8-201.20, above).

Ryan Paxton, MPH, RS **Director of Public Health**

Town of Montague **Board of Health**

FOOD ESTABLISHMENT PLAN REVIEW (Continued)

Plans shall be approved when all specifications comply with the 2013 Federal Food Code and 105 CMR 590.000, State Sanitary Code Chapter X - Minimum Sanitation Standards for Food Establishments. Any deviations from the approved plans must be approved by the Board of Health. Approval of plans by the Board of Health does not imply compliance with other construction standards such as building, fire or plumbing nor does it authorize operation of the facility during or after construction.

Inspections
Construction inspections and pre-opening inspections are necessary. They should be scheduled at least two (2) working days in advance. NOTE: Inspections are conducted during normal working hours. Current hours are 8:30 am - 5:30 pm, Monday, Tuesday, and Thursday and 8:30 AM – 6:30 PM, on Wednesday.

Plan Requirements

Restrooms:
- The number and design of public restrooms is determined by the Building Department. However, the existence and location of employee restrooms is under the Board of Health's jurisdiction.
- Must be separate from food storage and preparation areas.
- Access to public restrooms must NOT be through these areas.
- Must have dispensed antiseptic soap and paper towels or mechanical hand drying equipment.
- Must have a trash receptacle. All stalls in women's restrooms must have a covered receptacle.
- Must be mechanically vented to the outside and have self-closing doors.

Plumbing
- Vacuum breakers must be installed on all hose bibs and threaded faucets.
- Backflow prevention devices are required on drink machines and ice machines which are connected directly to the water supply.
- Air gaps must be provided on drain lines of ice machines, condensers, dish washing machines, food preparation, sinks, and ice hold bins.
- A separate sink used for mops and mop water must be provided.

Ryan Paxton, MPH, RS **Director of Public Health**

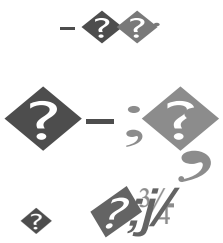
Town of Montague **Board of Health**

FOOD ESTABLISHMENT PLAN REVIEW (Continued)

- Hand Washing Facilities must be located within each food preparation area and ware washing area.
    - Must be provided with dispensed soap and paper towels.
    - Must have a trash receptacle nearby.
    - Must always be provided with hot and cold running water.
- Water Heating Equipment must be capable of providing enough hot water to meet the needs of the facility. A minimum of sixty (60) gallons per hour recovery rate is recommended.
- If an automatic dish machine is used, the water heater should be capable of supplying sixty (60) gallons plus the maximum usage of the dish machine and must be commercial grade.

Kitchen

- All equipment must be of commercial grade. (Must meet ANSI specifications)
- All surfaces must be smooth, impervious, and easily cleanable.
- A three-compartment sink, which is sized to accommodate the largest item to be washed, is required.
    - Three compartment sinks must have attached drain board or mobile carts used to store dirty items until washed and clean items until dry.
    - Three compartment sinks must be connected to a grease trap and interceptor, as required by 248 CMR 10.00
- Items which are not easily moved must be sealed to the adjacent equipment, floor, wall, etc.
- Equipment must not be located under exposed sewer lines, unproved water lines, or in open stairwells.
- Adequate space for the safe and sanitary storage of food and food contact items must be provided.
- Other Separate areas for the storage of personal items, cleaning chemicals and cleaning equipment must be provided.
- If laundry is to be done on site, the washing machine and dryer must be in a room separate from all other used. Dryers must be vented to prevent the accumulation of lint and dust in the facility.
- All exterior openings must be designed to prevent entrance of insects and vermin into the facility.
- Refuse containers must be stored on a hard, cleanable surface and must be durable, easily cleanable, and insect/rodent proof.
- Refuse containers must be capable of holding all the trash and garbage produced by the facility between pick-ups.



The Commo11wea/th of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
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. D I am a employer with _____employees (full and/ or part-time).*
2. D I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. D We are a corporation and its officers have exercised their right of exemption per c. 152, § I(4), and we have no employees. [No workers' comp. insurance required]*
4. D We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. D Retail
6. D Restaurant/Bar/Eating Establishment
7. D Office and/or Sales (incl. real estate, auto, etc.)
8. D Non-profit
9. D Entertamment
10. O Manufacturing
11. O Health Care
12. D Other _____

*Any applicant that checks box Ill must also fill out the section below showing 1he1r workers' compensation pohcy infonnallon.
••If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensal10n pohcy 1s 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. Lie. #_____ _____ 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 § 25A of MOL 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 perj11ry 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 tow11 official.

City or Town: _____ Permit/License#_____

Issuing Authority (check one):
10Board of Health 2.0 Building Department 30 City/Town Clerk 4. DLicensing Board
sOSelectmen's Office 6.00ther _____

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 sen·1ce 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 confinnation 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 pennit 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 pennit/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 pennit to bum 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
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749