

PHONE – 508-647-6460

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760

FAX – 508-647-6466

PERMITTING PROCEDURES FOR MOBILE FOOD UNITS

When submitting a permit application, the following information must be provided before a permit will be issued:

1. A completed “**Mobile Food Unit Information Sheet**” (included in the application package), with route stops in the Town of Natick and the approximate time for those stops.
2. A copy of a valid State Hawkers and Peddlers License (If there are multiple operators, provide copies)
3. Ice Cream Truck Drivers/Servers: are required to get an **Ice Cream Vendor’s License**. This license must be obtained from the Police Department of the city or town you live in OR from the Natick Police Department.
4. The name and location of your base of operations (such as a food establishment or food processing plant) where supplies and daily cleaning of your mobile food unit is provided.
NOTE: Provide a copy of the base of operations’ valid food permit and a letter confirming that you are authorized to use the facilities for your permitted mobile food unit.
5. Please provide copies of your Food Safety Manager Certification (ex. ServSafe) and your Allergen Awareness Certification.
6. Compliance with Food Allergy Awareness Requirement. This is met with placement of MA DPH approved poster in vehicle, notice on menus and/or menu board, and certification in Food Allergen Awareness Training.
7. The mobile food unit must have identification of the operator and/or business name AND address in letters no smaller than (3) inches on both left and right door panel of the vehicle.
8. If serving hot foods, you must have an operating hand sink with hot running water and signs stating “NO SELF SERVICE”.
9. REMINDER: If you are operating additional mobile food units, each one must be permitted separately.
10. All food permits expire on December 31 of each year. Prior to January 1 (or if seasonal, prior to operating in the Town of Natick), an inspection of your mobile food unit must be completed. Please call 508-647-6460 to schedule an appointment with one of our Health Agents.

REMINDER: All mobile food operators are required to retain receipts for all foods served on the permitted unit. Receipts must indicate the name(s) of food item(s), date purchased, and name of food service where product was obtained.

A list of the mobile food servers who comply with these procedures will be forwarded to the Natick Police Department. Any mobile server not on the list will not be allowed to operate within the limits of the town. Also, failure to comply with these provisions may result in the suspension of operations for a mobile food unit and possibly lead to the revocation of a permit to operate in the Town of Natick. **Any questions, please call 508-647-6460.**

FEE: _____
Non-refundable application fee

**OFFICE OF THE
BOARD OF HEALTH**
13 East Central St., Natick MA 01760

Telephone 508-647-6460
Fax– 508-647-6466
health@natickma.org
<https://www.natickma.gov/>

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Date: _____

Type of Establishment (check ALL that apply)

- Food Service Retail Food Incidental Retail Food Mobile Caterer Institutional
 Incubator Kitchen Incubator/Shared Kitchen Participant Private Club, Church, Non Profit

Type of Permit:

- New Food Establishment Renewal of Existing Food Establishment Seasonal

*A Late Fee of 25% or \$50 whichever is greater will be due
after January 1st of each year*

Food Establishment Information

Name of Establishment: _____

Establishment Address: _____

Establishment Mailing address (if different from above): _____

Establishment Phone Number: _____

Indoor Seating Yes: _____ No Outdoor Seating Yes _____ No

Common Victualer License (CV): 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 Select Board, Natick Town Hall (2nd Floor) 13 East Central Street, 508-647-6410. For information, visit:

<https://www.natickma.gov/522/Licenses-Fees>

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.

Owner Information

Name of Owner: _____

Mailing Address: _____

Phone Number _____ Email: _____

Type of Ownership:

- Association Corporation Individual Partnership Other-Explain: _____

Name of Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

Applicant Information:

Name of Applicant: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Person-in-Charge (PIC) Information

Name of Person Directly responsible at the Food Establishment:

Title: Owner Manager General Manager District Manager Other: _____

Mailing Address: _____

Phone Number: _____ Email: _____

24-Hour Emergency Contact Information

Name: _____ 24 Hour Phone Number: _____

According to §8-302.11, an application for a food establishment permit shall be submitted at least 30 calendar days before the date planned for opening a food establishment or the expiration date of the current permit for an existing facility. Failure to obtain a valid permit could result in late fees and/or a suspension or revocation of the permit.

To obtain a Food Permit, submit the Following:

- Completed "Application to Operate a Food Establishment". Incomplete applications and missing documents may cause a delay in the permit process. Do not leave any blank spaces. Include your Federal Identification Number and Signature.
- Fee made payable to the "Town of Natick". **All fees are NON-REFUNDABLE.** Credit cards are not accepted at this time.
- Completed "Workers' Compensation Insurance Affidavit": General Businesses. Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date) if applicable. (See page 5)
- Copy of Allergy Awareness Certificates (For more information, see page 5)
- Copy of Certified Food Manager
- Copy of Choke Save Training Certificate

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: _____

Signature of Applicant: _____

Important Note: Food Establishment Permits are NOT Transferable. If you plan to sell your business, contact the Natick Health Department. For ALL Food Establishments, the new owner is required to submit a "Food Establishment Plan Review" application and apply for a "Permit to Operate a Food Establishment" at least 30 Calendar days before the date the new owner plans to operate.

For Official Use Only

- Approved as submitted
 - Approved as submitted with the following conditions:
 - Disapproved as submitted - Reason(s): _____
- Reviewed By: _____ Title: _____
- Date Reviewed: _____ Permit Effective Date(s): _____

MOBILE FOOD UNIT INFORMATION SHEET

Date: _____

Name of Mobile Food Establishment: _____

Type of Mobile Food Establishment (*check one*):

- Type 1** (*Prepackaged foods only*) **Type 2** (Hot Dog Cart, Ice Cream w/scooping or soft-serve)
- Type 3** (Food preparation, cooking, hot holding on unit, including Canteen Truck)

Please include a copy of your proposed menu

OWNER/OPERATOR INFORMATION

Name: _____	
Address: _____	
Hawker's & Peddler's License #: _____	Expiration Date: _____
Provide copies of the Hawker's Peddler's License for all employees who may operate the mobile establishment	
<u>FOR ICE CREAM VENDORS:</u>	
Massachusetts State Law and Regulation 520 CMR 15.00 requires ALL vendors selling ice cream, frozen dairy, or frozen water based food product on a mobile food establishment to obtain an Ice Cream Vendor License issued either from the Police Department in the town or city you reside or from the Natick Police Department.	

BASE OF OPERATIONS/COMMISSARY INFORMATION

Name of Base of Operations: _____	
Address: _____	
Telephone: _____	Contact Person: _____
Provide Copies of:	
<ul style="list-style-type: none"> • Base of Operations/ Commissary Food Service Permit • Signed and dated letter giving permission to use the facilities 	

OVER

MOBILE FOOD ESTABLISHMENT VEHICLE(S) INFORMATION*

Name of Mobile Food Establishment: _____
Make of Vehicle: _____ Model: _____
Year: _____ Registration/ Plate Number: _____

***NOTE:** If your business runs additional Mobile Food Establishments, **ALL** vehicles must be permitted separately.

COOKING EQUIPMENT ON MOBILE FOOD ESTABLISHMENT

Check all types of cooking equipment provided:

Grill Fryer Microwave Oven Broiler Steam Kettle Stove Rice Cooker

Other (explain): _____

Does the Mobile Food Establishment have an exhaust & ventilation system (*circle one*)? **Y** **N**

Does the Mobile Food Establishment use a Propane Tank (Contact Natick Fire Dept.)? **Y** **N**

Has the exhaust and ventilation system been approved by the Natick Fire Department? **Y** **N**

DESCRIBE HANDWASHING METHODS AND ACCESS TO TOILET FACILITIES:

LIST OF ROUTE STOPS/LOCATIONS IN THE TOWN OF NATICK WITH APPROXIMATE TIMES/DATES:

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.

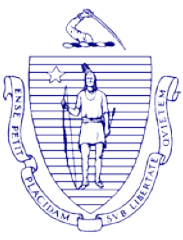
The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia



**The Commonwealth 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. 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 § 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 (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

NATICK BOARD OF HEALTH

EFFECTIVE DATE: APRIL 1, 2018

SCHEDULE OF FEES FOR LICENSES, PERMITS, REGISTRATION AND SERVICES ISSUED AND PERFORMED BY THE BOARD OF HEALTH AND ITS AGENTS

Please note: Review Fee and Permit Fee are Separate Fees

Late Payment Processing Fee is the greater of \$50.00 or 25% of fee

FOOD ESTABLISHMENT FEES			
Food Service Establishment Plan Review	0 - 25 seats	\$300.00	
	26 - 99 seats	\$500.00	
	100 + seats	\$750.00	
Remodel of Existing Establishment	half of the above applicaple fee		
Minor Remodel Food Service & Retail Food		\$75.00	
Retail Food Establishment Plan Review	Retail Only	\$150.00	
	One food prep operation	\$250.00	
	Two or more food prep ops	\$750.00	
HACCP Plan Review & Request for Variance		\$100.00	
Cottage Operation ex. Residential Kitchen	In Home	\$125.00	Annual
Incubator Kitchen Facility	For General Facility	\$300.00	Annual
Incubator / Shared Kitchen Participant		\$150.00	Annual
Commercial Bakery	under 3,000 sq. ft.	\$350.00	Annual
	over 3,000 sq. ft.	\$700.00	Annual
Catering Establishment		\$300.00	Annual
Catering Event Registration	per event	\$25.00	
	maximum amount per year	\$200.00	
Incidental Retail Food	prepackaged food	\$75.00	Annual
Frozen Dessert Manufacturing		\$50.00	Annual
Food Service Establishments & Restaurants any food preparation	0 - 25 seats	\$350.00	Annual
	26 - 50 seats	\$475.00	Annual
	51 - 100 seats	\$600.00	Annual
	101 - 150 seats	\$725.00	Annual
	151 - 200 seats	\$850.00	Annual
	201 - 250 seats	\$975.00	Annual
	251 - 300 seats	\$1,125.00	Annual
	301 + seats	\$1,350.00	Annual
Retail Food Establishments	Kiosk/Cart prepackaged	\$75.00	Annual
	under 900 sq. ft.	\$200.00	Annual
	901 - 1,500 sq. ft.	\$300.00	Annual
	1,501 - 4,000 sq. ft.	\$750.00	Annual
	4,000 + sq. ft.	\$1,250.00	Annual
Mobile Food Server	Type 1	\$40.00	Annual
	Type 2	\$60.00	Annual
	Type 3	\$100.00	Annual
Temporary Food Service Establishment	Commercial	\$50.00	
	Non Profit / Charity	\$20.00	
Seasonal Food Permit	Retail & Food Service	\$150.00	
Reinspection Fee	all food establishments	\$75.00	
Reinstatement of Permit		\$200.00	