

**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 1<sup>st</sup> 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 (2<sup>nd</sup> 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 3)
- 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).

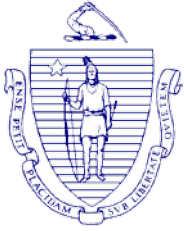
Federal Identification Number: \_\_\_\_\_

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): \_\_\_\_\_



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 #: \_\_\_\_\_

<p><b>Are you an employer? Check the appropriate box:</b></p> <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p><b>Business Type (required):</b></p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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\*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 upto \$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**

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

Phone #: \_\_\_\_\_

<p><b>Official use only. Do not write in this area, to be completed by city or town official.</b></p> <p>City or Town: _____ Permit/License # _____</p> <p><b>Issuing Authority (check one):</b></p> <p>1. <input type="checkbox"/> Board of Health    2. <input type="checkbox"/> Building Department    3. <input type="checkbox"/> City/Town Clerk    4. <input type="checkbox"/> Licensing Board</p> <p>5. <input type="checkbox"/> Selectmen's Office    6. <input type="checkbox"/> Other _____</p> <p>Contact Person: _____ Phone #: _____</p>	
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# 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.

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.

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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](http://www.mass.gov/dia)

# Food Employee Reporting Agreement

## Preventing Transmission of Diseases through Food by Infected Food Employees

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Natick, MA

The purpose of this agreement is to ensure that Food Employees and Applicants who have received a conditional offer of employment notify the Person in Charge when they experience any of the conditions listed so that the Person in Charge can take appropriate steps to preclude the transmission of foodborne illness.

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

#### **A. SYMPTOMS OF:**

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Lesions containing pus on the hand, wrist, or an exposed body part (*such as boils and infected wounds, however small*)

#### **B. MEDICAL DIAGNOSIS OF BEING ILL WITH:**

Norovirus, shiga toxin-producing *E. Coli*, *S. typhi* (typhoid fever), *Shigella* spp., non-typhoidal *Salmonella*, and Hepatitis A, as well as other diseases that may be transmitted through food per 105 CMR 300.000. Contact the Food Protection Program at 617-983-6712 or The Epidemiology Program at 617-983-6800 for additional information.

#### **C. PAST MEDICAL DIAGNOSIS OF DISEASES LISTED ABOVE:**

Have you ever been diagnosed as being ill with one of the diseases listed above?  Yes  No

If yes, what was the date of the diagnosis? \_\_\_\_\_

#### **D. HIGH-RISK CONDITIONS**

- Exposure to or suspicion of causing any confirmed outbreak of the diseases listed under Part B above.
- A household member has been diagnosed with diseases listed in Part B above.
- A household member attending or working in a setting experiencing a confirmed outbreak of one of the diseases listed in part B above.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under 105 CMR 590 & 2013 Food Code and this agreement to comply with the reporting requirements specified above involving symptoms, diagnoses, and high-risk conditions specified. I also understand that should I experience one of the above symptoms or high-risk conditions, or should I be diagnosed with one of the above illnesses, I may be asked to change my job or to stop working altogether until such symptoms or illnesses have resolved.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Name of Food Employee or Conditional Food Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Food Employee: \_\_\_\_\_

Signature of Permit Holder or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## The following is useful information. Do NOT submit with your application

- If you plan to renovate your establishment and/or implement the following processes, plans must be submitted to the Natick Health Department for review and approval PRIOR to construction or implementation.
  - Renovate the establishment
  - Perform Special Processes such as but not limited to: Smoking of Foods / Acidification as means of Food Preservation (sushi rice), Reduced Oxygen Packaging (ROP), Partial Cooking of Raw Animal Foods, and the use of Time as a Public Health Control. Detail plans and specific information must be submitted for review & approval.
  - Change or add new equipment
- “Merged Food Code” (105 CMR 590.000 & 2013 FDA Food Code):
  - <https://www.mass.gov/files/documents/2019/01/04/Merged-Food-Code-11-16-18.pdf>
- Food Protection Manager Certification(s)-Must be posted in a conspicuous location:
  - <https://www.mass.gov/lists/retail-food> or
  - <https://www.mass.gov/doc/massachusetts-food-protection-manager-certification-exam-and-trainer-directory/download>
- Allergen Awareness Certification- Must be posted in a conspicuous location:  
<https://www.mass.gov/lists/food-allergen-awareness-training-and-regulation>
- Choke-Saving Certification (2)-Must be posted in a conspicuous location:
  - Some resources include a local American Red Cross, American Heart Association, or search for Choke Saver/First Aid Instruction. **On-line training does not meet the requirements for practical certification.**
- FDA Employee Health & Personal Hygiene Handbook
  - <https://www.fda.gov/food/retail-food-industryregulatory-assistance-training/retail-food-protection-employee-health-and-personal-hygiene-handbook>
- A sign or placard stating “A copy of the most recent food establishment inspection report is available upon request” must be posted so that it is conspicuous to all customers.

## Clean-up of Vomit and Diarrheal Events Guidelines

### **(Keep for your records)**

When an employee, customer, or other individual vomits or has a diarrheal event in a food establishment, there is a real potential for the spread of harmful pathogens in the establishment. Putting the proper response into action in a timely manner can help reduce the likelihood that food may become contaminated and that others may become ill as a result of the accident.

Norovirus is the leading cause of foodborne disease outbreaks in the United States and can be highly contagious even with a small number of viral particles. Transmission occurs via foodborne and person-to-person routes, airborne inhalation of vomitus droplets, and through contact with contaminated environmental surfaces.

Effective clean-up of vomitus and fecal matter in a food establishment should be handled differently from routine cleaning procedures. It should involve a more stringent cleaning and disinfecting process. Some chemicals that are routinely used for sanitizing food-contact surfaces and disinfecting such as certain quaternary ammonium compounds may not be effective against Norovirus.

A clean-up and response plan is intended to address situations where a food employee or other individual becomes physically ill in areas where food may be prepared, stored or served. **Once such an episode has occurred, TIMELY EFFECTIVE clean-up is IMPERATIVE.**

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#### **When developing a Plan that addresses the need for the cleaning & disinfection of a vomitus and / or diarrheal contamination event, a food establishment should consider the following:**

- The Procedures for containment and removal of any discharges, including airborne particulates.
- The Procedures for cleaning, sanitizing, and, as necessary, the disinfection of any surfaces that may have become contaminated.
- The Procedures for the evaluation and disposal of any food that may have been exposed to discharges.
- The availability of effective Disinfectants, personal protective equipment, and other cleaning and disinfecting equipment and appurtenances intended for response and their proper use.
- Procedures for the disposal and / or cleaning and disinfection of tools and equipment used to clean up vomitus or fecal matter.
- The circumstances under which a food employee is to wear personal protective equipment for cleaning and disinfection of a contaminated area.
- Notification to food employees on the proper use of personal protective equipment and procedures to follow in containing, cleaning, and disinfecting a contaminated area.
- The segregation of areas that may have been contaminated so as to minimize the unnecessary exposure of employees, customers and others in the facility to the discharges or to surfaces or food that may have become contaminated.
- Minimizing risk of disease transmission through the exclusion and restriction of ill employees as specified in 2-201.22 of the 2013 FDA Food Code.
- Minimizing risk of disease transmission through the prompt removal of ill customers and others from areas of food preparation, service and storage; and the conditions under which the plan will be implemented.
- Conditions under which the Plan will be implemented.