



**BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035
www.foxboroughma.gov**

40 SOUTH STREET
Tel. (508) 543-1207
Fax. (508) 543- 6270

**APPLICATION FOR
TEMPORARY FOOD ESTABLISHMENT PERMIT**

Application must be submitted 30 calendar days before proposed event day.
\$50.00/check payable to the Town of Foxborough – include \$200 Late Fee if submitted less than 30 days before event.

NO REFUNDS OR TRANSFER OF FUNDS

BHP- _____	
DATE REC'D _____	
CHECK# _____	<input type="checkbox"/> APPOINTMENT DATE: _____

Event Information

Name of the Event 2019 Home Show at Patriot Place

Location of Event Empower Field House, One Patriot Place, Foxborough, MA 02035

Date(s) of Event March 22-24, 2019 Hours of Operation at Event Fri: 2pm-8pm; Sat:10am-8pm; Sun:10am-5pm

Applicant/Business Information

Name of Applicant: _____

Address of Applicant: _____ Phone # of Applicant: _____

E-mail: _____

Name of Organization/Business: _____

Address of Organization/Business: _____

Phone # of Organization/Business: _____

E-mail: _____

Food Service Information – Please answer ALL of the following questions...

****List ALL food and drink you will be serving/selling/giving away****

****Exclusions: No food products shall be served/sold/given away raw or undercooked****

1.) Is the food product you will be serving/selling/giving away a potentially hazardous food? **Yes / No**
(i.e. contains meat, dairy, cooked vegetables, cut fruits and vegetables, etc.)

a.) If yes, how will the food be **transported** and kept hot (>140°F) and/or cold (<41°F) to the event?

b.) If yes, how will the food be kept hot and/or cold **at** the event?

2.) Will you be preparing any food on site (i.e. cooking, reheating, etc.)? **Yes / No**
If yes, briefly describe this preparation and what equipment will be used:

3.) Will the Booth have electricity: **Yes / No**

4.) Running Water: **Yes / No**

5.) Describe bathroom facilities (i.e. building with plumbing, port-a-potty, etc.) and location:

6.) Will you be using propane at your event or have any open flames? **Yes / No**
If yes, you must contact the Fire Department for any necessary permits or certificates if applicable.

7.) Will you be using or producing grease during the event? **Yes / No**
If yes, how will you be storing/disposing of this grease? _____

8.) Will you be serving/using ice? Describe source and use of ice:

9.) Describe what you will be using for handwashing activities at the site where food preparation/serving will be occurring:

Please review the Town of Foxborough's "The Temporary Food Event - Top 10" included with this application. Following these "Top 10" food safety tips will assist in making this event a safe and successful one.

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. (The Mass. Sanitary Code for Food Establishments can be obtained by calling the State House Bookstore at 617-727-2834 or 508-646-1374, and on-line at www.state.ma.us/dph/fpp)

APPLICANT SIGNATURE: _____

DATE: _____

STOP!!!!

Have you included the following in this application submittal

- CERTIFIED FOOD MANAGER CERTIFICATE – For Potentially Hazardous Foods Only.
 - o For pre-packaged items/bottled water, etc., a ServSafe Certificate is not necessary.
 - ALLERGY AWARENESS CERTIFICATE
 - WORKERS' COMPENSATION FORM – A new form is needed every permitting season, with policy number
 - o and expiration date of policy.
 - o Sole Proprietors and non-profit organizations must also complete this form.
 - COPY OF CURRENT LICENSE FROM THE TOWN WHERE YOUR ESTABLISHMENT IS LOCATED
-



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

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

THE TEMPORARY FOOD EVENT

TOP 10!

1. No one who is SICK should be handling or preparing open food.
2. HANDWIPES, not hand sanitizers, must be used for handwashing.
3. The EXACT State-specified Allergy Awareness statement must be posted and visible to the public.
4. All long hair must be RESTRAINED.
5. NON LATEX gloves are required when handling all ready-to-eat foods.
6. A calibrated food THERMOMETER must be available to test the temperature of all hot and cold potentially hazardous foods. Hot foods must be at >140°F, cold foods must be at <41°F.
7. In the absence of proper washing, rinsing, and sanitizing equipment, EXTRA serving utensils must be provided in the event contamination occurs.
8. All food must be stored 6" off the ground/floor.
9. Personal drinks, personal belongings, and all chemicals (including sanitizer) must be SEGREGATED from all food and food equipment.
10. Limit self-service of food from the general public. All food must be PROTECTED from the public through service by chefs, food covers, food wrapping, sneeze guards, individual pre-portioned size containers, etc.

REMINDERS

The Foxborough Board of Health permit must be POSTED visible to the public.

- A Foxborough Board of Health permit is required for ALL vendors that will be selling or giving away any pre-packaged snacks or drinks (including bottled water). Also, any preparing, cooking, and/or serving/sampling ANY food on site needs a permit.
- Pre-packaged snack size "Halloween-type" candy and lollipops are exempt from all permit requirements.



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