



**TOWN OF ORLEANS - BOARD OF HEALTH
APPLICATION FOR LICENSES/PERMITS
Orleans Farmers Market Retail Food**

DATE: _____

Name of Establishment:

Bus. Tel:

Fax:

Mailing Address:

E-mail:

Business Address:

Owner's Name:

Home Tel:

DOB:

Mailing Address:

Day and Time of Sales: _____

Name of Certified Food Protection Manager:

Establishment is owned by Corporation Partnership Association Individual

If Establishment is owned by a Corporation, Partnership or Association, please give name, title and home address of officers or partners- (please attach sheet if necessary) _____

Is business a non-profit organization? Y___ N__ If yes, name of the organization: _____

Does the operation include one or more of the following (check all that apply) -

Y N Prepares, offers for sale, or serves potentially hazardous food:

Y N -Only to order upon a consumer's request,

Y N -In advance in quantities based on projected consumer demand and discards food that is not sold or served at an approved frequency,

Y N -Using time as the public health control as specified under §-501.19,

Y N -Prepares potentially hazardous food in advance using a food preparation method that involves two or more steps which may include combining potentially hazardous ingredients; cooking; cooling; reheating; hot or cold holding; freezing; or thawing.

Y N -Prepare raw, raw marinated, or partially cooked animal food or rare meat (other than whole muscle intact beef steaks) in ready-to-eat form

Y N -Prepares food for delivery to and consumption at a location off the premises of the food establishment where it is prepared.

Y N -Prepares food for service to a highly susceptible population

Y N -Prepares only food that is not potentially hazardous, or;

Y N -Does not prepare, but offers for sale only prepackaged food that is not potentially hazardous;

PERMIT REQUIRED FOR YOUR ESTABLISHMENTS

Farmers Market Retail Food

\$25.00

*** I acknowledge that I must be an approved vender per the Market Master (Initial) _____**

- **Please note this license is good from January – December**

PERMITS ARE NOT TRANSFERABLE FROM A PERSON OR A PLACE

I attest that the information provided in the application is accurate. I also understand that I am obligated to comply with the provisions of the State and Federal Food Code, and I shall allow the Board of Health and its Agents access to the establishment as specified under § 8-402.11 and to the records specified under §§ 3-203.12 and 5-205.13 and Subparagraph 8-201.14(D)(6).

SIGNATURE _____

Date _____

Farmer's Market Food Safety Review

Please read and **initial** that you have understood the following items that are minimum requirements for the Person In Charge (PIC). If you have any questions, **please do not hesitate to ask**. If any activities do not apply, please write NA.

- Permits must be posted on-site
- Foods shall not come in direct contact with water or un-drained ice. Water/ ice cannot be directly discharged/ disposed of on top of the ground.
- ***Please list source of ice:*** _____
- All food shall be handled in a manner that prevents contamination such as using clean, covered containers; storage of food and containers up off the ground (min. 2 inches) etc.
- All carts, coolers, tables, and other food contact equipment shall be pre-cleaned and sanitized before event and transported in such a way as to prevent contamination.
- A labeled spray bottle of sanitizer prepared at the proper concentration must be on-site for sanitizing all food contact surfaces, utensils etc.
 - Chlorine sanitizer: 50-100 PPM (1/2 TBL non-scented household bleach per 1 gallon water for 100 ppm solution)
 - Quaternary Ammonium sanitizer: 200 ppm (follow product instructions)
- ***Please list type of Sanitizer used:*** _____
- All cold foods must be held at 41°F or lower.
- A properly calibrated, stem type thermometer must be available for testing time/temperature control for safety foods. The thermometer must be properly cleaned and sanitized before each use.
- All hot and cold holding (mechanical units or coolers with ice) must be monitored, and logged hourly for proper holding temperatures. Written logs must be available for inspection.
- There is **NO BARE HAND CONTACT** with ready to eat foods. If no ware washing facilities are available, spare sets of utensils must be available.
- ***Please list items to be used to prevent Bare Hand Contact:*** _____
- All retail items must be properly labeled as required by State Regulations.
- I understand that only those items approved as part of this application may be sold at the Farmers Market. Any further items must be reviewed and approved by the Health Department.
- I understand that the above statements are not the only requirements of this permit but simply emphasize a few, important food safety principles.

****Please attach the following:**

- **A list of food items that you will be selling**
- **Your Certified Food Protection Manager Certification**
- **Allergy awareness Certification**
- **Other Associated Permits or approvals (i.e Residential Kitchen, Foodservice etc.)**

****Note: If you are licensed by the Town of Orleans and we already have a current copy of your permit(s) and certificates, then only include a list of food items to be sold.**

Menu and Facilities Description

Please fill in the following as completely as possible, as this will help expedite your application.

List all food items that will be purchased prepared, prepared at a **licensed kitchen** before the event, and/ or prepared at the booth during event. For each item, fill in what preparation procedures will occur (ex; thawing, holding, re-heating etc). **Use back of page for more room if needed.** Please be sure to mention **ALL** items including bottled water, sodas, condiments etc. as you are only allowed to serve what has been approved by the Board of Health.

List Food Items	Describe how item will be prepared (ex. Hamburger- held frozen, cooked on grill from frozen to well done, leftover discarded at end of day) Where food preparation will take place if other than location of event. If item is pre-packaged to be sold pre-packaged (ex. Bottled water, canned soda) place X in appropriate column; no description necessary. PLEASE PROVIDE DETAILS (Use separate sheet if necessary)	X-this column if item pre-packaged

List Food Sources: _____

Source & storage of ice: _____

Type of serving utensils (No Bare Hand Contact): _____

Describe the following: (Location, are facilities temporary or permanent etc.)

Hand-washing Facilities: _____

Restroom Facilities: _____

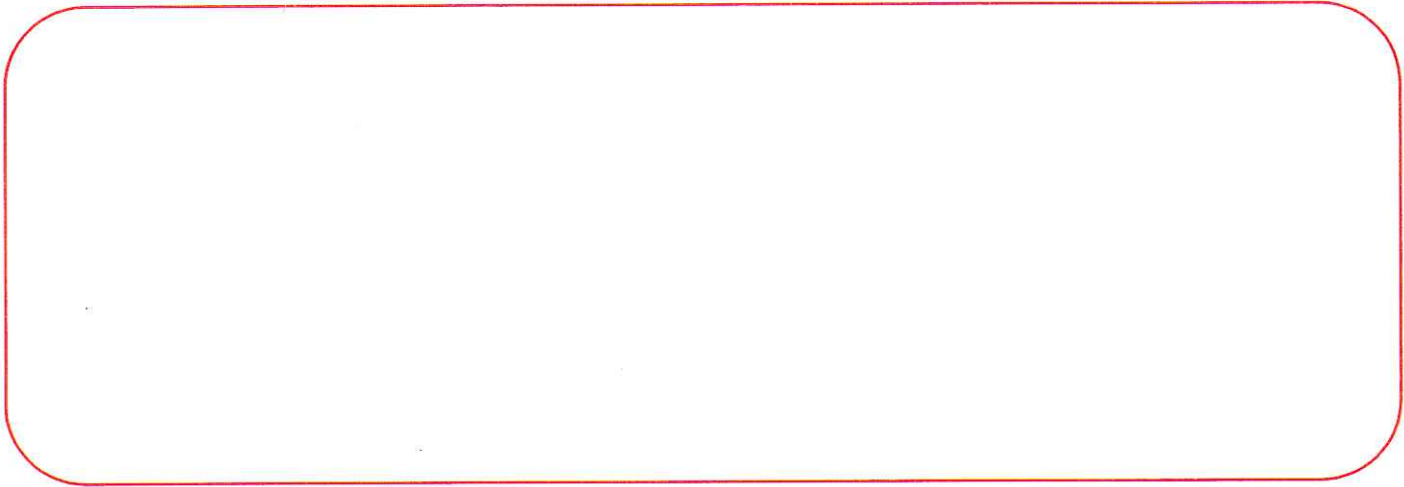
Cleaning & sanitizing serving area & coolers _____

Storage and disposal of garbage and wastewater: _____

Consumer items (plates, cups etc.) _____

Event will be: indoor () outdoor ()

Please draw **or** describe general facilities, where and how food will be prepared and served. (floor/ground, walls, ceiling, cooking facilities, cold & hot holding, work tables, as well as any other information that may be pertinent to food safety.)



Please read and initial that you have understood the following. If you have any questions, **please do not hesitate to ask.** If any activities do not apply, please write NA.

- A stem thermometer must be available for all hot/cold holding, re-heating and cooking.
- All cold foods must be held at 41°F or lower.
- All hot foods must be held at 140°F or higher.
- All re-heated foods must be heated to at least 165°F or higher.
- There is **NO BARE HAND CONTACT** with ready to eat foods.
- Ice used for cold holding may not be used as food.
- There must be a Certified Food Protection Manager on-site at all times unless a variance has been granted by the Orleans Board of Health, or the operation is exempt as designated in MDPH 105 CMR 590.003.
- An Orleans Board of Health variance is required for certain menus that contain potentially hazardous food. Please read attached “Temporary Food Service Variance” memo, and fill out the variance request form if necessary.
- I understand that the above statements are not the only requirements of this permit but simply emphasize a few, important food safety principles. I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments- Chapter X., 1999 Federal Food Code and the above described establishment will be operated and maintained in accordance with the regulations.

Town of Orleans - Health Department

IMPORTANT - PLEASE READ

In accordance with Chapter 64 Fees, Chapter V *Nonpayment of Fees and Taxes* § 94-6 *Grant or Renewal of License or Permit as Affected by Nonpayment of Local Taxes or Fees* of the Code of the Town of Orleans, you are hereby notified that renewal of your license(s) may be denied if there are any real estate and/or personal property taxes, water bills, betterments, assessments or other municipal charges more than twelve (12) months past due. This includes money owed to the Town by your landlord if you lease the property where your business is located.

If you are unable to get the signature of the Tax Collector on this notification or to negotiate a payment plan with the Tax Collector, you are entitled to a hearing before the Board/s. At the hearing you or your designee will be allowed to present evidence as to why your license should be renewed.

APPLICANT'S NAME: _____

D/B/A, IF APPLICABLE: _____

BUSINESS OWNER'S NAME: _____

BUSINESS ADDRESS: _____

If you lease property, list property owner please:

Outstanding Property Tax

Outstanding Personal Property Tax

Outstanding Water Bill

The above named applicant has applied to the Town of Orleans for a permit or license. We find the applicant to be current on all municipal charges pursuant to Chapter 94, Section 6. We find the property owner to be current on all municipal taxes, assessments, betterments and other municipal charges pursuant to Chapter 94, Section 6.

Date: _____ Tax Collector's Office: _____

Non-Taxpayers to the Town of Orleans ... AND/OR ... Non-Profits:

I certify that we are a Non-Profit organization and do not pay any taxes to the Town of Orleans.

Date

Signature of Applicant

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT and PROTECTION (REAP) ATTESTATION

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.

* Signature of Individual or Corporate Name (Mandatory)

By: Corporate Officer (Mandatory, if applicable)

** Social Security No. (Voluntary) or Federal Identification Number

* This license will not be issued unless this certification clause is signed by the Applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations.

Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. GL c. 62C s. 49A.



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 #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an 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>Business Type (required):</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 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