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Received date:

2.6.17

APPROVED:

Permit #

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AMHERST INSPECTION SERVICES
4 BOLTWOOD AVENUE • AMHERST • MA • 01002
Office (413) 259-3030 Fax (413) 259-2402
www.amherstma.gov

MOBILE FOOD OPERATIONS APPLICATION

Fees: Annual License \$125.00, Seasonal Permit \$125.00, Single Event Permit \$50.00

- Annual License- for use with a Lunch Cart License (Separate application-See Town Manager)
- Single Event Permit
- Seasonal Permit- *Multiple Events*

Single Event and Seasonal Permit holders must list all events in which you will participate.
Events held on a Public Way (Street, Common, Park) must have a Reservation from the Town.

Name of Event or Market	Location	Coordinator's Name/ Phone	Date Begins - Date Ends

MOBILE FOOD OPERATIONS INFORMATION:

Name of Mobile Food Operation _____

Business Address _____ City or Town _____

Mailing Address (if different) _____ City or Town _____

Owner/Applicant _____ Phone _____ Email _____

Names of all Operators _____

If Corporation or partnership, give name, title & home address of officers or partners; use additional pages as needed:

Name	Title	Home Address	Home Phone
_____	_____	_____	_____

State of Incorporation _____ Name & Address of Local Agent _____

Emergency Response Person: _____ Home phone _____

Vehicle Description (Please check one)

- Truck or Trailer:** vehicle –mounted food establishment designed to be readily movable
- Pushcart:** non-self-propelled vehicle limited to the following: service of non-potentially hazardous foods, service of wrapped food prepared at a food processor or food service establishment and maintained at proper temperatures or preparation and service of frankfurters.

Type of Food Service (Please check one)

- Frankfurters, non-potentially hazardous and pre-packaged food only
- Prepared, cooked and/or reheated foods
- Ice cream vending
- Frozen pre-packaged foods

BASE OF OPERATION INFORMATION:

Name of Licensed Food Establishment _____

Business Address _____ City or Town _____

Contact person _____ Phone _____ Email _____

DOCUMENTS TO BE SUBMITTED WITH APPLICATION AND FEE

- Menu
- Food Protection Manager Certifications of All Operators
- Allergen Awareness Certification
- Hawkers' and Peddler's License
- Workers' Compensation Affidavit
- Workers' Compensation Policy Declaration (if applicable)
- Photos: back, front, left and right sides and interior
(Name and address displayed on each side of the vehicle in letters at least three (3) inches in height)
- Food Establishment License (for the Base of Operations)
- Written Agreement with Food Establishment
(Required when the Base of Operations is not owned/operated by the Mobile Food Operations)

ADDITIONAL INFORMATION MAY BE REQUIRED

- Use of Propane Tank:** Certificate from the Fire Department
- Use of Ansul System:** inspection report
- Water Source from a Private Well/Source:** a recent water quality report from a certified lab
- Ice Cream Truck:** Permit to Engage in Ice Cream Truck Vending from Police Department
- Frozen prepackaged foods (meat, seafood):** USDA stamp/Retail Seafood Truck Dealer Permit

AT TIME OF INSPECTION HAVE THE FOLLOWING CONDITIONS MUST BE MET:

- o Finished interior and exterior with properly installed equipment in working order and fully operational: Refrigerators/freezers/cold holding units at proper temperatures, water tanks filled, hot water at proper temperature, fuel for cooking, reheating and hot holding equipment, gloves, extra utensils, single-use articles, etc.
- o Appropriately mounted and protected food grade water hose
- o Operators present wearing a full length apron, smock or uniform and effective hair restraint
- o A copy of 105 CMR 590.000
- o An allergy awareness statement posted at the point of service/on menu boards

STATEMENT: I certify, under penalties of perjury, that I have complied with all the laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

I further state that the information provided in this application is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval. I am knowledgeable in the Massachusetts food code 105 CMR 590.000 and have been provided a copy.

I am aware of the Town of Amherst Bylaw that bans the use of EPS (expanded polystyrene) in food establishments and agree to abide by this regulation. (For info go to www.amherstma.gov/DocumentCenter/View/23850.)

Signature of owner/applicant _____

Print name _____ **Title** _____ **Date** _____

MOBILE FOOD QUESTIONNAIRE

(Please Complete All Sections)

A. Food Supplies

1. Are all food supplies (including ice and water) from inspected and approved sources? Yes () No ()
2. Will bulk food receipts and lists of ingredients be available at all times for the inspector to review?
Yes () No ()
3. Will all pre-packaged, potentially hazardous foods be labeled with a Sell-by date? Yes () No ()
4. Will all pre-packaged food be labeled with the name and address of manufacturer, Name of product, list of ingredients, net weight, and processing facility when applicable? Yes () No ()
5. Will all produce be washed on-site prior to use? Yes () No ()
If yes, is there a planned location used for washing produce? Yes () No ()
6. Will disposable gloves, and/or utensils, and/or food grade paper be used to prevent handling of ready to-eat foods?
Yes () No ()
7. Are only single use articles (paper and plastic) used? Yes () No ()
8. Are condiments serviced from a sanitary dispenser or individually wrapped units? Yes () No ()
9. Will you serve ice? Yes () No () If yes, is the ice contained in a single-use safe plastic bag, filled and sealed at point of manufacture, and held until dispensed without contamination? Yes () No ()
10. Will you discard all unsold hot food at the end of the day? Yes () No ()
11. Do you allow self-service of any food items? Yes () No ()
If yes, do you have a sign that prohibits use of bare hands by consumers? Yes () No ()

B. Food Storage

1. Is adequate freezer and refrigeration (mechanical / ice) available to maintain:

Frozen foods at 0 degrees and below? Yes () No () Number of freezer units: _____

Refrigerated foods at 45 degrees and below Yes () No () Number of refrigeration units: _____

2. Are refrigeration units pre-chilled prior to packing food? Yes () No ()
3. Are all refrigerators/freezers equipped with a thermometer? Yes () No ()
4. Will raw PHFs be stored in the same refrigerators and freezers with cooked/ready to- eat - foods?
Yes () No () If yes, how will cross-contamination be prevented?

5. How will food be reheated rapidly to 165°F? How will food be kept at 140°F?
(Please describe the heating and hot holding equipment.)

6. Are packaged foods prevented from having contact with water or undrained ice? Yes () No ()

7. Will you keep cans and bottles from being submerged under ice and water? Yes () No ()

C. Construction

12. Is the unit constructed of safe materials that are durable, smooth, and easily to clean? Yes () No ()

13. Do walls and ceilings protect food from weather, dust and debris? Yes () No ()

14. Is the unit fully enclosed? Yes () No ()

15. Are air curtains used? Yes () No ()

16. Describe how is the unit ventilated on very hot days, or under very hot cooking conditions?

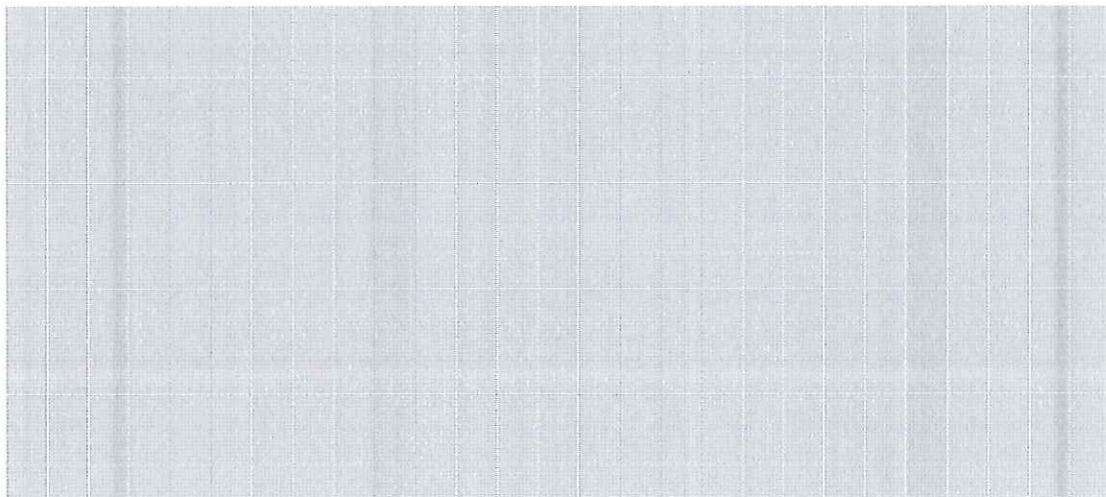
17. Are windows and doors solid or screened (16 mesh to the inch) and prevent entrance of insects?

Yes () No ()

18. Are counter service openings not larger than necessary for operation and kept closed except when in actual use? Yes () No ()

8. Does the mobile food unit/pushcart have the name and address of the owner or company display on either side in letters at least 3 inches in height? Yes () No ()

9. Please include a sketch of the interior layout of the cart.



D. Water System/ Waste Retention

- 1. Source of water is () public () private: See attached water quality report from a certified lab.
- 2. Is a sink with hot and cold running water under pressure available for hand washing? Yes () No ()

Size of water supply tank: _____gallons

Size of waste retention tank: _____gallons

- 3. Are sinks with hot and cold running water under pressure available for washing equipment and utensils?
Yes () If yes, state dimensions (L x W x H)
No () If no, state how equipment and utensils will be cleaned and sanitized? Explain Below

4. Sanitizing Agent: _____ Concentration: _____ (ppm)

- 5. Are test papers available to measure the strength of sanitizing solution? Yes () No ()

- 6. Is water inlet of supply tank kept capped (*while not being filled*) and located in such a manner that it will not be contaminated by waste water discharge, road dust, oil or grease? Yes () No ()

- 7. Are hoses used to fill supply tank of dedicated food grade, sealed with couplers and properly stored? Yes () No ()

- 9. Is waste retention tank connection located lower than the water inlet connection? Yes () No ()

- 10. How and where will the liquid waste from the retention tank be disposed of?

Note: A mobile food unit servicing area must be provided at the base of operation if

- *unpacked food is placed on the mobile food unit/pushcart, and or*
- *The mobile food unit is equipped with waste retention tanks.*

E. Employees

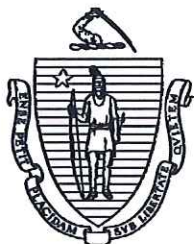
- 1. How will food employees be trained in good food sanitation practices?

Method of training _____

Number(s) of employees _____ Dates of completion _____

- 2. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? Yes () No ()

Please briefly describe the written policy: _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 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 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

600 Washington Street
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia

Before placing your order,
please inform your server
if a person in your party has
a food allergy.

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