

CITY OF LYNN

INSPECTIONAL SERVICES DEPARTMENT

City Hall, Lynn, MA 01901 Tel: (781) 598-4000 Fax: (781) 477-7031

FOOD ESTABLISHMENT PERMIT APPLICATION

The Massachusetts Food Code specifies the requirements for permits for food establishments that store, prepare, package, vend or otherwise provide food for human consumption. See 105 CMR §590.000. The applicant should review and be familiar with these requirements to avoid common application errors. Likewise, the applicant should be aware that the City of Lynn requires the applicant to confirm that no municipal taxes, fees or fines are owed as pre-condition to issuance of a permit.

Filing Instructions

- **Completed Application Materials, including all required supplemental documentation, must be received AT LEAST 30 DAYS prior to expiration, planned opening or event. Incomplete renewal applications will be deemed untimely and may be subject to a daily \$10 late fee.**
- All food establishments must identify the Person in Charge who is Certified in Food Protection Management, see 105 CMR §590.0003(A), except:
 - temporary food establishments operated by non-profit organizations,
 - daycare operations that serve only snacks,
 - feeding sites which receive prepared meals for immediate service from commissary kitchens, and
 - establishments which sell only pre-packaged non-PHF's and/or commercially pre-packaged PHF's

NOTE: Food Protection Manager training must be completed with one of the following providers:

Thomson Prometric (formerly Experior Assessments)
ServSafe
National Registry of Food Safety Professionals
360training.com (Learn2Serve)

- All food establishments must submit a Workers' Compensation Insurance Affidavit. MGL c. 152 §25A.
- All food establishments must submit certification of training in Food Allergen Awareness. MGL c. 140 §6B.
- Food establishments with 25 or more seats must submit Choke-Saver certification. 105 CMR 590.009(E).
- Food Permits are not transferrable. New businesses must submit copies of the Purchase & Sale Agreement, as well as annual contracts for private pest control, grease-hauling and waste pickup in addition to all required certifications. Existing businesses shall update the Board of Health of changes in providers when reapplying.
- Additional licenses/applications may be required to operate a mobile food establishment, manufacture frozen desserts in bulk, or to sell raw fish, shellfish or crustaceans. Please direct inquiries concerning required permits to the City Sanitarian, Lisa Tobin, at: ltobin@lynnma.gov.

COMPLETED APPLICATIONS MAY BE SUBMITTED BY DELIVERING TO:

Inspectional Services Department
Food Permit Applications
City Hall, Room 103
Lynn, MA 01901

Email: ISDOnline@lynnma.gov

Please note that all permits will be emailed from noreply@smartgovcommunity.com

Permit fees may be paid by **business check, cashier's check or money order** payable to: **City of Lynn**. Please be sure to include the establishment name and address if paying by check..

FOOD ESTABLISHMENT PERMIT APPLICATION

Permit Length:

- Annual Permit/Renewal
- Seasonal New Ownership
- Temporary** (proceed to page 5)

Status:

- Renewal
- Change of Name/Same Ownership
- New Food Establishment

Establishment Name: _____

Location Address: _____

Mailing Address: _____

Establishment Telephone: _____ Email: _____

Applicant Name/Title: _____

Applicant Address: _____

Applicant Telephone: _____ Email: _____

24 Hour Emergency No.: _____

Owner Name/Title (if different):	_____
Owner Address:	_____
Ownership Structure:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
	<input type="checkbox"/> Association <input type="checkbox"/> Other: _____
IF CORPORATION/PARTNERSHIP PROVIDE NAME, TITLE & HOME ADDRESS FOR EACH OFFICER/PARTNER:	
_____	_____
_____	_____
_____	_____
_____	_____

Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager, etc.)

Name & Title: _____

Telephone: _____ Email: _____

District/Regional Supervisor (if applicable): _____

Name & Title: _____

Telephone: _____ Email: _____

ESTABLISHMENT/OPERATION INFORMATION

Days/Hrs of Operation: _____ Dates/Times (Seasonal): _____

Check all food activities which apply:

<input type="checkbox"/> Sale of Commercially Pre-packaged Non-PHF's	<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> PHF's cooked to order	<input type="checkbox"/> Prepared PHF's for Hot/Cold holding for Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-packaged PHF's	<input type="checkbox"/> Reheating Commercially Processed Foods for Service w/in 4 hours	<input type="checkbox"/> PHF's cooked to order	<input type="checkbox"/> Hot PHF Cooked & Cooled or Hot Held for more than Single Meal Service
<input type="checkbox"/> Sale of Raw Animals Foods (Deli Meats)	<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Hot PHF Cooked & Cooled or Hot Held	<input type="checkbox"/> PHF/RTE Foods for Highly Susceptible Population Facility
<input type="checkbox"/> Vacuum Packaging/Cook Chill	<input type="checkbox"/> Customer Self-Service of Non-PHF/Non-Perishables Only	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Prepares Food or Single Meals for Catered Events or Instit. Food Service
<input type="checkbox"/> Ice manufactured & packaged for retail sale	<input type="checkbox"/> Juice manufactured & packaged for retail sale	<input type="checkbox"/> Uses a process requiring a Variance/HACCP Plan	<input type="checkbox"/> Offers RTE/PHF in bulk quantities

Definitions: PHF – potentially hazardous food (time/temp controls required)
 Non-PHF's – non-potentially hazardous food (no time/temp controls required)
 RTE – ready to eat foods (e.g. sandwiches, salads, muffins which need no further processing)

<input type="checkbox"/> Retail (_____ Sq. FT.)	<input type="checkbox"/> Food Delivery
<input type="checkbox"/> Dine-in Food Service (_____ Seats)	<input type="checkbox"/> Catering
<input type="checkbox"/> Instit. Food Service (_____ meals/day)	<input type="checkbox"/> Manufacturer Frozen Desserts
<input type="checkbox"/> Takeout Food Service	<input type="checkbox"/> Mobile Food Vendor
(_____ Gross Sales Last Year)	<input type="checkbox"/> Special Event/Food Service

Water Source: _____ Sewage Disposal: _____

Dumpster: Yes No Waste Hauler: _____

Food Supplier Name: _____

Food Supplier Address: _____

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.

 Applicant Signature

Pursuant to MGL c. 62C § 49A, I certify under the penalties of perjury that I have filed all state tax returns and paid state taxes as required by law.

SSN/Federal Tax ID Number: _____

 Owner/Corporate Officer's Signature

FOOD ESTABLISHMENT FEE WORKSHEET

Instructions

See the fee for each food-related activity your establishment engages in. Total all checked lines to determine the total Food Establishment fee.

FOOD ESTABLISHMENT PERMIT FEE

- a. **TYPE 1**
 - Annual..... 200.00
 - Seasonal (6 months)..... 75.00
 - Temporary (14 days) 50.00
- b. **TYPE 2**
 - Annual 250.00
 - Seasonal (6 months) 75.00
 - Temporary (14 days) 50.00
- c. **TYPE 3**
 - Annual..... 300.00
 - Seasonal (6 months)..... 100.00
 - Temporary (14 days)..... 75.00
- d. **TYPE 4**
 - Annual350.00
 - Seasonal (6 months).....100.00
 - Temporary (14 days)..... 75.00
- e. Catering Services (6 months) 200.00
- f. Ice Cream Vehicles (Seasonal/6 months) 75.00
- g. Food Warehouse/Distributor (annual) 100.00
- h. Youth League (6 months)..... 50.00

TOTAL ANNUAL FEE:

****PERMIT FEE DUE UPON APPLICATION****

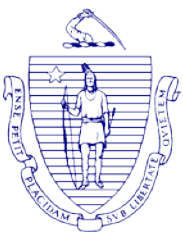
FOR NEW BUSINESSES PERMIT WILL ISSUE ONLY **AFTER** PRE-OPENING INSPECTION

OFFICIAL USE ONLY

Method of Payment:

- Cash
- Business/Cashier's Check or Money Order
- Credit/Debit Card

Processed by:



**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 #: _____

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** _____

#:

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