



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

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

PLAN REVIEW PACKET
FOOD ESTABLISHMENT

\$200.00/check payable to the Town of Foxborough – include \$200 Late Fee if submitted less than 30 days before start of construction or opening date.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	
CHECK# _____	MEETING WITH BOH: _____

.....
Food Establishment Plan Review Packet Includes the following:

- Plan Review Application** **\$200.00**
Completed application must be submitted a minimum of 30 days before construction or planned opening date.

- Food Establishment Plan Review Guide** **www.fda.gov**
This guide will help you plan accordingly. Note that only first page is included in packet. Online guide is 160 pages.

- Food establishment permit application** **Fee varies**
Completed application must be submitted a minimum of 30 days before planned opening date. Documents to be included with application are:
 - o Completed Workers Compensation Insurance Affidavit, with liability certificate.
 - o Menu (See menu guideline included with this packet).



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

BHP- _____
DATE REC'D _____
CHECK# _____

www.foxboroughma.gov

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

PLANNED OPENING DATE: _____

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

___ NEW ___ REMODEL ___ CONVERSION

**(\$200 Plan Review Fee – Make Check Payable to the Town of Foxborough)
ABSOLUTELY NO REFUNDS**

Name of Establishment: _____

Category: Restaurant____, Institution____, Daycare____, Retail Market____,
Other_____.

Address: _____

Phone if available: _____

Name of Owner: _____

Mailing Address: _____

Telephone: _____

Applicant's Name: _____

Title (owner, manager, architect, etc.): _____

Mailing Address: _____

Telephone: _____

I have submitted plans/applications to the following authorities on the following dates:

_____	Governing Board of Council	_____	Plumbing
_____	Zoning	_____	Electric
_____	Planning	_____	Police
_____	Building	_____	Fire
_____	Conservation	_____	Other ()

CONTENTS AND FORMAT OF PLANS AND SPECIFICATIONS

1. Provide plans that are a minimum of 11 x 14 inches in size including the layout of the floor plan accurately drawn to a minimum scale of 1/4 inch = 1 foot. This is to allow for ease in reading plans.
2. Include: proposed menu, seating capacity, and projected daily meal volume for food service operations.
3. Show the location and when requested, elevated drawings of all food equipment. Each piece of equipment must be clearly labeled on the plan with its common name. Submit drawings of self-service hot and cold holding units with sneeze guards.
4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding potentially hazardous foods.
5. Label and locate separate food preparation sinks when the menu dictates to preclude contamination and cross-contamination of raw and ready-to-eat foods.
6. Clearly designate adequate handwashing lavatories for each toilet fixture and in the immediate area of food preparation.
7. Provide the room size, aisle space, space between and behind equipment and the placement of the equipment on the floor plan.
8. On the plan represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage or food preparation. Show all features of these rooms as required by this guidance manual.
9. Include and provide specifications for:
 - a. Entrances, exits, loading/unloading areas and docks;
 - b. Complete finish schedules for each room including floors, walls, ceilings and coved juncture bases;
 - c. Plumbing schedule including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections;
 - d. Lighting schedule with protectors;
 - 1) At least 110 lux (10 foot candles) at a distance of 75 cm (30 inches) above the floor, in walk-in refrigeration units and dry food storage areas and in other areas and rooms during periods of cleaning;
 - 2) At least 220 lux (20 foot candles):
 - a) At a surface where food is provided for consumer self-service such as buffets and salad bars or where fresh produce or packaged foods are sold or offered for consumption;
 - b) Inside equipment such as reach-in and under-counter refrigerators;
 - c) At a distance of 75 cm (30 inches) above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms; and
 - 3) At least 540 lux (50 foot candles) at a surface where a food employee is working with food or working with utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor.
 - e. Food Equipment schedule to include make and model numbers and listing of equipment that is certified or classified for sanitation by an ANSI accredited certification program (when applicable).

- f. Source of water supply and method of sewage disposal. Provide the location of these facilities and submit evidence that state and local regulations are complied with:
 - A color coded flow chart demonstrating flow patterns for:
 - food (receiving, storage, preparation, service);
 - food and dishes (portioning, transport, service);
 - dishes (clean, soiled, cleaning, storage);
 - utensil (storage, use, cleaning);
 - trash and garbage (service area, holding, storage);
- g. Ventilation schedule for each room;
- h. A mop sink or curbed cleaning facility with facilities for hanging wet mops;
- i. Garbage can washing area/facility;
- j. Cabinets for storing toxic chemicals;
- k. Dressing rooms, locker areas, employee rest areas, and/or coat rack as required;
- l. Completed Section 1;
- m. Site plan (plot plan)

FOOD PREPARATION REVIEW

Check categories of Potentially Hazardous Foods (PHF's) to be handled, prepared and served.

<u>CATEGORY*</u>	<u>(YES)</u>	<u>(NO)</u>
1. Thin meats, poultry, fish, eggs (hamburger; sliced meats; fillets)	()	()
2. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams)	()	()
3. Cold processed foods (salads, sandwiches, vegetables)	()	()
4. Hot processed foods (soups, stews, rice/noodles, gravy, chowders, casseroles)	()	()
5. Bakery goods (pies, custards, cream fillings & toppings)	()	()
6. Other _____		

* A generic HACCP plan for each category of food may be available from the regulatory authority for reference.

PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS

FOOD SUPPLIES:

1. Are all food supplies from inspected and approved sources? **YES / NO**
2. What are the projected frequencies of deliveries for Frozen foods _____, Refrigerated foods _____, and Dry goods _____.
3. Provide information on the amount of space (in cubic feet) allocated for:
 - Dry storage _____,
 - Refrigerated Storage _____, and
 - Frozen storage _____.
4. How will dry goods be stored off the floor? _____.

COLD STORAGE:

1. Is adequate and approved freezer and refrigeration available to store frozen foods frozen, and refrigerated foods at 41°F (5°C) and below? **YES / NO**

Provide the method used to calculate cold storage requirements.

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? **YES / NO**

If yes, how will cross-contamination be prevented?

3. Does each refrigerator/freezer have a thermometer? **YES / NO**

Number of refrigeration units: _____

Number of freezer units: _____

4. Is there a bulk ice machine available? **YES / NO**

THAWING FROZEN POTENTIALLY HAZARDOUS FOOD:

Please indicate by checking the appropriate boxes how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply. Also, indicate where thawing will take place.

Thawing Method	*THICK FROZEN FOODS	*THIN FROZEN FOODS
Refrigeration		
Running Water Less than 70°F(21°C)		
Microwave (as part of cooking process)		
Cooked from Frozen state		
Other (describe)		

*Frozen foods: approximately one inch or less = thin, and more than an inch = thick.

COOKING:

1. Will food product thermometers be used to measure final cooking/reheating temperatures of PHF's? **YES / NO**

What type of temperature measuring device: _____

Minimum cooking time and temperatures of product utilizing convection and conduction heating equipment:

Beef Roasts	130°F (121 min)
Solid Seafood Pieces	145°F (15 sec)
Other PHF's	145°F (15 sec)
Eggs:	

Immediate Service 145°F (15 sec)

Pooled* 155°F (15 sec)

(*Pasteurized eggs must be served to a highly susceptible population)

Pork	145°F (15 sec)
Comminuted Meats/Fish	155°F (15 sec)
Poultry	165°F (15 sec)
Reheated PHF's	165°F (15 sec)

2. List types of cooking equipment.

HOT/COLD HOLDING:

1. How will hot PHF's be maintained at 140°F (60°C) or above during holding for service? Indicate type and number of hot holding units.

2. How will cold PHF's be maintained at 41°F (5°C) or below during holding for service? Indicate type and number of cold holding units.

COOLING:

Please indicate by checking the appropriate boxes how PHF's will be cooled to 41°F (5°C) within 6 hours (140°F to 70°F in 2 hours and 70°F to 41°F in 4 hours). Also, indicate where the cooling will take place.

COOLING METHOD	THICK MEATS	THIN MEATS	THIN SOUPS/ GRAVY	THICK SOUPS/ GRAVY	RICE/ NOODLES
Shallow Pans					
Ice Baths					
Reduce Volume or Size					
Rapid Chill					
Other (describe)					

REHEATING:

1. How will PHF's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165°F for 15 seconds. Indicate type and number of units used for reheating foods.

2. How will reheating food to 165°F for hot holding be done rapidly and within 2 hours?

PREPARATION:

1. Please list categories of foods prepared more than 12 hours in advance of service.

2. Will food employees be trained in good food sanitation practices? **YES / NO**

Method of training:

Number(s) of employees: _____

Dates of completion: _____

3. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? **YES / NO**

4. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions? **YES / NO**

Please describe briefly:

Will employees have paid sick leave? **YES / NO**

5. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks or put through a dishwasher be sanitized?

Chemical Type: _____

Concentration _____

Test Kit: **YES / NO**

6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled? **YES/NO**
If not, how will ready-to-eat foods be cooled to 41°F?

7. Will all produce be washed on-site prior to use? **YES / NO**

Is there a planned location used for washing produce? **YES / NO**

Describe _____

If not, describe the procedure for cleaning and sanitizing multiple use sinks between uses.

8. Describe the procedure used for minimizing the length of time PHF's will be kept in the temperature danger zone (41°F - 140°F) during preparation.

9. Provide a HACCP plan for specialized processing methods such as vacuum packaged food items prepared on-site or otherwise required by the regulatory authority.

10. Will the facility be serving food to a highly susceptible population? **YES / NO**

If yes, how will the temperature of foods be maintained while being transferred between the kitchen and service area?

A. FINISH SCHEDULE

Applicant must indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

KITCHEN	FLOOR	COVING	WALLS	CEILING
Bar				
Food Storage				
Other Storage				
Toilet Rooms				
Dressing Rooms				
Garbage & Refuse Storage				
Mop Service Basin Area				
Warewashing Area				
Walk-in Refrigerators and Freezers				

B. INSECT AND RODENT CONTROL

APPLICANT: Please check appropriate boxes.

- | | YES | NO | N/A |
|---|------------|-----------|------------|
| 1. Will all outside doors be self-closing and rodent proof? | () | () | () |
| 2. Are screen doors provided on all entrances left open to the outside? | () | () | () |
| 3. Do all openable windows have a minimum #16 mesh screening? | () | () | () |
| 4. Is the placement of electrocution devices identified on the plan? | () | () | () |

- 5. Will all pipes & electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? () () ()
- 6. Is area around building clear of unnecessary brush, litter, boxes and other harborage? () () ()
- 7. Will air curtains be used? If yes, where? _____ () () ()

C. GARBAGE AND REFUSE

Inside

- 8. Do all containers have lids? () () ()
- 9. Will refuse be stored inside? () () ()
- If so, where? _____

-
- 10. Is there an area designated for garbage can or floor mat cleaning? () () ()

Outside

- 11. Will a dumpster be used? () () ()
- Number _____ Size _____
- Frequency of pickup _____
- Contractor _____

- 12. Will a compactor be used? () () ()
- Number _____ Size _____
- Frequency of pick up _____
- Contractor _____

- 13. Will garbage cans be stored outside? () () ()

14. Describe surface and location where dumpster/compactor/garbage cans are to be stored

15. Describe location of grease storage receptacle

16. Is there an area to store recycled containers? () () ()

Indicate what materials are required to be recycled;

- () Glass
- () Metal
- () Paper
- () Cardboard
- () Plastic

17. Is there any area to store returnable damaged goods? () () ()

D. PLUMBING CONNECTIONS

	AIR GAP	AIR BREAK	*INTEGRAL TRAP	**P** TRAP	VACUUM BREAKER	CONDENSATE PUMP
18. Toilet						
19. Urinals						
20. Dishwasher						
21. Garbage Grinder						
22. Ice Machines						
23. Ice Storage Bin						

24. Sinks a. Mop b. Janitor c. Handwash d. 3 Compartment e. 2 Compartment f. 1 Compartment g. Water Station						
25. Steam Tables						
26. Dipper Wells						
27. Refrigeration Condensate/Drain Lines						
28. Hose Connection						
29. Potato Peeler						
30. Beverage Dispenser w/Carbonator						
31. Other						

* **TRAP:** A fitting or device which provides a liquid seal to prevent the emission of sewer gases without materially affecting the flow of sewage or waste water through it. An integral trap is one that is built directly into the fixture, e.g., a toilet fixture. A P trap is a fixture trap that provides a liquid seal in the shape of the letter P. Full S traps are prohibited.

32. Are floor drains provided & easily cleanable, if so, indicate location:

E. WATER SUPPLY

33. Is water supply public () or private ()?

34. If private, has source been approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

35. Is ice made on premises () or purchased commercially ()?

If made on premise, are specifications for the ice machine provided? YES () NO ()

Describe provision for ice scoop storage: _____

Provide location of ice maker or bagging operation _____

36. What is the capacity of the hot water generator?

37. Is the hot water generator sufficient for the needs of the establishment? Provide calculations for necessary hot water (see Part 5 & Part 9 Under Section III in this manual)

38. Is there a water treatment device? YES () NO ()

If yes, how will the device be inspected & serviced?

39. How are backflow prevention devices inspected & serviced?

F. SEWAGE DISPOSAL

40. Is building connected to a municipal sewer? YES () NO ()

41. If no, is private disposal system approved? YES () NO () PENDING ()

Please attach copy of written approval and/or permit.

42. Are grease traps provided? YES () NO ()

If so, where? _____

Provide schedule for cleaning & maintenance _____

G. DRESSING ROOMS

43. Are dressing rooms provided? YES () NO ()

44. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.)

H. GENERAL

45. Are insecticides/rodenticides stored separately from cleaning & sanitizing agents? YES () NO ()

Indicate location: _____

46. Are all toxics for use on the premise or for retail sale (this includes personal medications), stored away from food preparation and storage areas? YES () NO ()

47. Are all containers of toxics including sanitizing spray bottles clearly labeled? YES () NO ()

48. Will linens be laundered on site? YES () NO ()

If yes, what will be laundered and where? _____

If no, how will linens be cleaned? _____

49. Is a laundry dryer available? YES () NO ()

50. Location of clean linen storage: _____

51. Location of dirty linen storage: _____

52. Are containers constructed of safe materials to store bulk food products? YES () NO ()

Indicate type: _____

53. Indicate all areas where exhaust hoods are installed:

LOCATION	FILTERS &/OR EXTRACTION DEVICES	SQUARE FEET	FIRE PROTECTION	AIR CAPACITY CFM	AIR MAKEUP CFM

54. How is each listed ventilation hood system cleaned

I. SINKS

55. Is a mop sink present? YES () NO ()

If no, please describe facility for cleaning of mops and other equipment:

56. If the menu dictates, is a food preparation sink present? YES () NO ()

J. DISHWASHING FACILITIES

57. Will sinks or a dishwasher be used for warewashing?

- Dishwasher ()
- Two compartment sink ()
- Three compartment sink ()

58. Dishwasher
 Type of sanitization used:
 Hot water (temp. provided) _____
 Booster heater _____
 Chemical type _____

Is ventilation provided? YES () NO ()

59. Do all dish machines have templates with operating instructions? YES () NO ()

60. Do all dish machines have temperature/pressure gauges as required that are accurately working? YES () NO ()

61. Does the largest pot and pan fit into each compartment of the pot sink? YES () NO ()

If no, what is the procedure for manual cleaning and sanitizing?

62. Are there drain boards on both ends of the pot sink? YES () NO ()

63. What type of sanitizer is used?

- Chlorine ()
- Iodine ()
- Quaternary ()
- Ammonium ()
- Hot Water ()
- Other ()

64. Are test papers and/or kits available for checking sanitizer concentration? YES () NO ()

K. HANDWASHING/TOILET FACILITIES

65. Is there a handwashing sink in each food preparation and warewashing area? YES () NO ()

66. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? YES () NO ()

67. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? YES () NO ()

68. Is hand cleanser available at all handwashing sinks? YES () NO ()

69. Are hand drying facilities (paper towels, air blowers, etc.) available at all handwashing sinks?
YES () NO ()

70. Are covered waste receptacles available in each restroom? YES () NO ()

71. Is hot and cold running water under pressure available at each handwashing sink? YES ()
NO ()

72. Are all toilet room doors self-closing? YES () NO ()

73. Are all toilet rooms equipped with adequate ventilation? YES () NO ()

74. If required, is a handwashing sign posted in each employee restroom? YES () NO ()

I. SMALL EQUIPMENT REQUIREMENTS

75. Please specify the number, location, and types of each of the following:

Slicers _____

Cutting boards _____

Can openers _____

Mixers _____

Floor mats _____

Other _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) _____

Owner(s) or Responsible Representative(s) _____

Date: _____

Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A preopening inspection of the establishment with equipment in place & operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

FOOD ESTABLISHMENT PLAN REVIEW GUIDELINE

Prepared By: Northeast Region
Plan Review Development Committee
for the Conference for Food Protection



BOARD OF HEALTH
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MASSACHUSETTS 02035

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APPLICATION FOR FOOD ESTABLISHMENT PERMIT

Application must be submitted 30 days before planned opening date/yearly renewal date.

Fees listed below. Check made payable to Town of Foxborough

Include \$200 Late Fee if submitted less than 30 days before opening/renewal date.

PERMIT EXPIRES ON DECEMBER 31st.

BHP- _____	NO REFUNDS OR TRANSFER OF FUNDS
DATE REC'D _____	
CHECK# _____	

THIS APPLICATION MUST BE FILLED OUT COMPLETELY

1. Establishment Name:										
2. Establishment Address:										
3. Establishment Mailing Address (if different):										
4. Establishment Telephone No:	4a. E-MAIL:									
5. Applicant Name & Title:										
6. Applicant Address:										
7. Applicant Telephone No:	24 Hour Emergency No:									
8. Owner Name & Title (if different from applicant):										
9. Owner Address (if different from applicant):										
10. Establishment Owned By: <input type="checkbox"/> An Association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____	11. If a corporation or partnership, give name, title, and home address of officers or partner. <table><thead><tr><th>Name</th><th>Title</th><th>Home Address</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____
Name	Title	Home Address								
_____	_____	_____								
_____	_____	_____								
12. Person Directly Responsible For Daily Operations (Owner, Person in Charge, Mgr., etc.):										
Name & Title:										
Address:										
Telephone No:	Fax:									
Emergency Telephone No:										
13. District or Regional Supervisor (if applicable):										
Name & Title:										
Address:										
Telephone No.:	Fax:									
14. Pest Control Co.:	15. Sewage Disposal: Private or Public									
Address:	Water Source: Private or Public									
Phone No:	16. Days of Operation:									
17. # of Food Employees:	18. Hours of Operation:									
19. *Person In Charge-Certified in Food Protection Management:										
*ATTACH COPY OF CERTIFICATION (ServSafe)										

20. *Person Trained in Anti-Choking Procedures (If 25 Seats or More):

*ATTACH COPY OF CERTIFICATION-if applicable (ChokeSaver/CPR)

21. Number of Seats:

22. Establishment Type - Check all that apply:

- Food Service
- Food Service Institution
- Retail/Limited
- Caterer

- Food Delivery
- Frozen Dessert Manufacturer
- Residential Kitchen
- Sale of Milk and Cream
- Concession Stand
- Bakery

PERMIT FEES: PAYMENT IS DUE WITH APPLICATION

Food Service (Restaurant)

- (1 – 100 seats)
- (101 – 200 seats)
- (201 – 500 seats)
- (501 – 1,000 seats)
- (1001+ seats)

- \$ 50.00
- \$ 250.00
- \$ 500.00
- \$ 800.00
- \$1,000.00

- Bakery
- Catering
- Concession Stand
- Frozen Dessert
- Limited Food, Limited Retail and Retail Food
- Residential Kitchen
- Supermarket

- \$ 100.00
- \$ 100.00
- \$ 350.00
- \$ 50.00
- \$ 50.00
- \$ 50.00
- \$ 800.00

FOG PERMIT

\$ 50.00/ _____

LATE FEE

\$ 200.00

23. Food Operations (check all that apply)

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

<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled Or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation of PHF's for Hot and Cold Holding for Single Meal Service	<input type="checkbox"/> PHF and RTE Foods Prepared for Highly Susceptible Population Fac.
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use of Process Requiring A Variance and/or HACCP Plan (Yearly BOH approval required)
<input type="checkbox"/> Customer Self-Service of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale.	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin.
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale.	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service.
<input type="checkbox"/> Offers RTE PHF in Bulk Quantities		<input type="checkbox"/> Retail Sale of Salvage, Out of Date or Reconditioned Food.
<input type="checkbox"/> PLEASE ENCLOSE YOUR MENU	<input type="checkbox"/> CONSUMER ADVISORY PROVIDED	<input type="checkbox"/> ALLERGY AWARENESS STATEMENT

24. Fats, Oils, and Grease (FOG) Management: \$50.00 permit fee (if more than 3: \$200.00)	
Please list the number of grease interceptors servicing your establishment: _____	Do you have yellow grease (used fry oil) disposal container(s): <input type="checkbox"/> Yes <input type="checkbox"/> No Size(s): _____
Please provide information on the contractor who services these grease interceptors: Company Name: _____ Address: _____ Phone Number: _____	Please provide information on the contractor who services the yellow grease container/s: Company Name: _____ Address: _____ Phone Number: _____
<input type="checkbox"/> List staff/owners with Foxborough FOG Certification Training (Attach copy of certificate): _____ <input type="checkbox"/> Who is your trash provider? _____ <input type="checkbox"/> Who is your dumpster provider? _____	

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.

BOTH COPIES MUST BE KEPT ON SITE AT ALL TIMES.

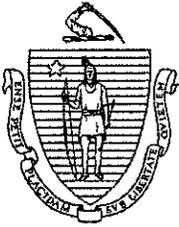
Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required by law.

25. Social Security Number or Federal ID Number _____

Signature of Individual or Corporate Name _____ **Date** _____

CHECKLIST and INFORMATION

- Return the following documents with your completed application. (If forms do not accompany application, your application and check will be returned to you and permit request rejected.) :
 - Workers' Compensation Form (Valid for one year only.)
 - ServSafe Certification
 - Allergy Awareness Certificate
 - Anti-Choking Certification (CPR) (if establishment is 25 seats or more)
 - Menu Listing
- Consumer Advisory Language:
 - Your Menu must list a disclosure or reminder statement or both.
 - See Food Code 3-603.11. Asterisk (*) which items are applicable on your menu.
- Allergen Awareness:
 - (See 590.009(G) for further information.)
 - Menu must list these exact words: *"Before placing your order, please inform your server if a person in your party has a food allergy."*
- FOG Certification (If Applicable) and FOG FEE can be included with this application.
- Late Fee of \$200 will be incurred if application and proper forms are not submitted within 30 days of renewal/opening date.
- Mobile Applications and Temporary Food Applications are separate from this form. Please see our website for more information. www.foxboroughma.gov



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 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>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

PART 1 - MENU

The menu is an integral part of the Plan Review Process. The menu or a listing of all of the food and beverage items to be offered at the food service establishment must be submitted by the applicant to the regulatory authority with the submission of all other Plan Review application documents.

As with the inspection process, the plan review process should focus on the food and what will happen to the food. The source and quantity of food to be served should be reviewed along with the preparation and post-preparation operations and the proposed storage practices.

Food preparation processes should be evaluated to determine the types and volumes of foods to be prepared. Special attention should be given to the review of complex food processes which will involve:

- multiple ingredients being assembled or mixed
- potentially hazardous foods
- foods which will be prepared or held for several hours prior to service
- foods requiring cooling and reheating
- multiple-step processing (passing through the critical temperature zone, 140°F to 41°F more than once).

The style of food service should also be reviewed. The style of food service may be cook-to-order (cook-serve), self-service (buffet or salad bar), service of pre-packaged foods, service of large volumes of food, food preparation requiring multiple steps and handling, etc.

A suggested system of menu evaluation involves the review of categories of foods and their required preparation, i.e.:

- all food needs to come from an inspected and approved source
- thin meats such as poultry, fish, eggs (hamburgers, sliced meats, & fillets)
- thick meats and whole poultry (roast beef, whole turkey, whole chickens, & hams)
- cold processed foods (salad, sandwiches, vegetables)
- hot processed foods (soups, stews, casseroles)
- bakery goods

This system is useful since the critical control points for each process remain the same regardless of the individual menu ingredients.

The menu for a food service establishment dictates the space and equipment requirements for the safe preparation and service of various food items. The menu will determine if the proposed receiving and delivery areas, storage area, preparation and handling areas, and thawing, cooking, and reheating areas are available and adequate to handle the types and volumes of foods being served.

When looking at the menu, evaluate the flow patterns for the preparation of the foods to be served to be sure that the lay-out of the facility provides an adequate separation of raw ingredients from ready-to-eat foods, that the traffic patterns are not crossing paths with waste items, and other sources of contamination.

With proper understanding of the menu, the plans for food service establishments can be reviewed to assure that the food items proposed can be protected during the service operation.