



BOARD OF HEALTH
TOWN OF FOXBOROUGH
MASSACHUSETTS 02035

www.foxboroughma.gov

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

HOTELS/MOTELS
PLAN REVIEW APPLICATION

MUST BE SUBMITTED WITH FEE 30 DAYS BEFORE CONSTRUCTION BEGINS

BHP - _____ **ABSOLUTELY NO REFUNDS**
DATE : _____ **OR TRANSFER OF FUNDS**
FEE: \$200.00 Please make checks payable to the Town of Foxborough. NEW REMODEL

ESTABLISHMENT NAME: _____ **PHONE:** _____
Type: HOTEL MOTEL OTHER _____ **# OF ROOMS** _____

NAME OF OWNER: _____ **PHONE:** _____
MAILING ADDRESS: _____

APPLICANT'S NAME: _____ **PHONE:** _____
MAILING ADDRESS: _____

MASS. REG. PROFESSIONAL ENGINEER OR REG. ARCHITECT: _____
MAILING ADDRESS: _____

PROJECTED DATES FOR PROJECT: _____ **START** _____ **FINISH** _____

I UNDERSTAND THAT APPROVAL FOR THE HOTEL/MOTEL MUST MEET THE **MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION, STATE SANITARY CODE, CHAPTER II, 105 CMR 410.000**. I HAVE READ THE REGULATIONS AND WILL COMPLY WITH THE STATE CODE. THE PLAN IS ALSO CONTINGENT UPON COMPLIANCE WITH STATE AND LOCAL BUILDING, ELECTRICAL, PLUMBING AND FUEL GAS CODES.

Owner (s) or responsible representative(s) *Date*

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law or regulations that may be required (federal, state, or local).
AN ON-SITE INSPECTION AT LEAST 10 BUSINESS DAYS PRIOR TO OPENING THE ESTABLISHMENT IS REQUIRED. CALL THIS OFFICE FOR AN APPOINTMENT, (508) 543-1207.

PLEASE INCLUDE THE FOLLOWING DOCUMENTS:

- A plan review fee of \$200 shall be submitted with this application.
- Workers Compensation Affidavit, completed and signed by the applicant.
- One set of plans.

Plans shall include the following: (plans shall be drawn to an acceptable architectural scale.)

_____ Site Plan.

_____ Layouts for all rooms. Include pools, spas, clubs, kitchens, stores, etc.

WEBSITE FOR: 105 CMR 410.000 MINIMUM STANDARDS OF FITNESS FOR HUMAN HABITATION, STATE SANITARY CODE CHAPTER II –
www.mass.gov/dph/dcs then, scroll down to HOUSING. A copy of the regulations must be on site at all times.



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HOTELS, MOTELS, CABINS, TRAILER COACH PARK
APPLICATION

(Permit Expires on 12/31)

Fee: \$10.00

0-50 units \$200, 51-200 units \$300, 201-500 units \$500, 501-1,000 units \$800, 1,001+ units \$1,000
 Re-inspection fee (per unit) \$100/Subsequent Re-inspections \$50/Conditions deemed to endanger, or to
 impair health and safety (410.750) \$150/Subsequent Re-inspections (410.750) \$150

PLEASE MAKE CHECKS PAYABLE TO: THE TOWN OF FOXBOROUGH

(Application must be submitted 30 days before planned opening date/yearly renewal date or a \$200 Late Fee Will Be Required)

BHP- _____
 DATE REC'D _____
 CHECK # _____

ABSOLUTELY NO REFUNDS
 OR TRANSFER OF FUNDS

Applicant: _____

Doing Business As: _____

Address: _____

Mailing Address: _____

Telephone # of establishment: _____ # OF ROOMS: _____

Emergency Contact Telephone #: _____

EMAIL: _____

CABINS, MOTELS, TRAILER COACH PARK LICENSE IN THE TOWN OF FOXBOROUGH IN
 ACCORDANCE WITH THE RULES AND REGULATIONS MADE UNDER AUTHORITY OF SAID
 STATUTES.

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 Officer
 (Mandatory)

 By Corporate Officer
 (Mandatory, if applicable)

 **Social Security # (Voluntary) or
 Federal Identification Number

 Date:
 (THIS PERMIT EXPIRES ON 12/31)

*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.G.L. c.62Cs.49A. (2012)



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Foxborough, Massachusetts

2012 Fee Schedule

All licenses are good from January 1st thru December 31st unless otherwise stated.
All checks are to be made payable to the TOWN OF FOXBOROUGH.

STATE HOUSING CODE

Hotel, Motel, Trailer Coach Park License	\$ 10
Motel/Hotel Inspection Fee	
0- 50 units	\$ 200
51- 200 units	\$ 300
201- 500 units	\$ 500
501-1,000 units	\$ 800
1,001+ units	\$1,000
Hotel/Motel Re-inspection Fee (Per Unit)	\$ 100
Subsequent Re-inspections	\$ 50
Conditions deemed to endanger, or to impair health and safety (410.750)	\$ 150
Subsequent Re-inspections for (410.750)	\$ 150

These fees must be paid prior to scheduling the Board of Health going out and doing the re-inspection.

Recreational Camps for Children – Camp Fee	\$ 10
Camp Inspection Fee	\$ 60
Camp Fee Paperwork Review	\$ 180
TOTAL	\$ 250
Camp Re-inspection Fee	\$ 100

Food Vendors requesting licensure within the 30 days of application, State and/or Local requirement, the LATE FEE will be set at \$200 flat fee in addition to the License fee.

FOG Fees (See FOG Permit Application)

FOOD SERVICE ESTABLISHMENTS

1-100 seats	\$ 50
101-200 seats	\$ 250
201-500 seats	\$ 500
501-1000 seats	\$ 800
1001+ seats	\$1,000
Catering	\$ 100
Manufacture of FROZEN DESSERT	\$ 50
Limited Food, Limited Retail and Retail Food	\$ 50
Bakery	\$ 100
Supermarket	\$ 800
Residential Kitchen	\$ 50

Mobile Food Service, Canteen	
(4) Mobile Units or Less	\$ 100
(5) Mobile Units or More of the following:	
Mobile Beverage	\$ 150
Mobile Food Service Food	\$ 300
Vending	\$ 250
Pantry	\$ 250
Concession Stand	\$ 350
Temporary Food Service Permit (maximum 14 days) within a permanent structure	\$ 50
Re-inspection Fee for Food Code Violations	\$ 100
Late Fee for Re-inspection Fee Payment	\$ 25
<hr/>	
Funeral Directors License (5/1-4/30)	\$ 25
Transport or Pump Offal	\$ 100
Each truck greater than 1,000 gal.	
Transport or Pump Offal	\$ 50
Each truck 1,000 gal. or less	
Non-pump Transport Trucks	\$ 50
Installers License	\$ 100
Disposal Works Construction	\$ 200
Disposal Works Repair	\$ 200
Septic Component	\$ 50
Percolation Tests	\$ 200
Reperc	\$ 100
Review of Title V Inspection Report	\$ 25 per report
PLAN REVIEW/Site Inspection Fee	\$ 200
To include: restaurants and other food services, motels, hotels, pools/spas, health clubs, tanning, massage, camps and unspecified items requiring plan review or site inspections.	
Swimming Pool/Spa (each)	\$100
Pool Re-inspection Fee	\$100
Stable License	\$ 10
Tanning Booths (1/1 - 12/31)	\$100
Private Well	\$100
Body Art Establishment	\$500
Body Art Practitioner	\$100
Ice Rinks, electric ice surfacing equipment	\$ 50
Tobacco Sales Permit	\$100
Application Fee for Hearing Notices	\$ 50

LATE FEES

License Renewals, non payment, if not paid on time: \$200.

Re-inspection Fee payment not paid within 14 calendar days of violation notice will be assessed at 50% of the re-inspection fee.

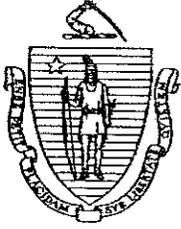
Food Vendors requesting licensure within the 30 days of application, State and/or Local requirement, the LATE FEE will be set at a \$200 flat fee in addition to the License fee.

FOXBOROUGH BOARD OF HEALTH

Paul Steeves, Clerk



(Fee schedule approved on 10/24/2011 and will go into effect on January 1, 2012.)



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