Town of Dennis
Health Department

Kristen Keller, Health Director

Tel: (508) 760-6158
Fax: (508) 394-6289

Dear New Food Establishment Owner:

Please be sure to complete and return each of the following:

- ☐ Submit a copy of your business proposal including floor plans of the business and proposed menu.
- ☐ Schedule a time to meet with a Health Agent to review the necessary licenses, paperwork, and plans for your new business.
- ☐ Complete the New Establishment License Application Form.
- ☐ Complete the Food Establishment Permit with both sides completely filled out. Check all boxes that apply to your establishment and sign/date.
- ☐ Complete the License Attestation and sign/date.
- ☐ Complete the Massachusetts Workmen's Compensation Affidavit Form filled out completely, signed and dated. While such insurance is only required if you employ one or more individuals, EVERYONE must complete the affidavit. If there are no individuals in your employment, please indicate this on the affidavit, and sign/date.
- ☐ Submit a copy of your Workmen's Compensation Declaration Page from your insurance company showing the policy number and expiration date. (*If you are an employer with 1 or more employees*).
- ☐ Submit a copy of your ServSafe Certificate.
- ☐ Submit a copy of your Allergen Certificate.
- ☐ Submit a copy of your Choke Safe or CPR Certificate (*not required if establishment has less than 25 seats*).
- ☐ Complete the Frozen Food Affidavit completely filled out and sign/date (*only required for Frozen Food Permit*).
- ☐ Fee (*Please Make Checks Payable to:* ***Town of Dennis***).
- ☐ Schedule an appointment for a pre-opening inspection and/or a progress walk through.

Date Received: _____

Check Number: _____

Amount Paid: _____

Date Approved: _____

# Town of Dennis Health Department

685 Route 134
South Dennis, MA 02660
Phone: 508-760-6158 Email: healthdepartment@town.dennis.ma.us

## License Application Form

| Establishment Name & Address | Business Owner & Address |
|---|---|
| | |
| | |
| | |
| | |
| **Phone:** | **Phone:** |

| License(s) | Fee(s) |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| **Total Amount Due:** | $ |

**Please make checks payable to "Town of Dennis"**

| |
|---|
| Total Number of Seats (***Food Service Establishments Only***): |
| Emergency phone number: |
| Opening Date (***Seasonal Establishments Only***): |
| Does your Establishment have a Generator? ☐ Yes ☐ No |

Comments: _____

_____

_____

**Signature:** _____ **Date:** _____

# Town of Dennis Health Department

**685 Route 134**
**South Dennis, MA 02660**
Phone: 508-760-6158 Email: healthdepartment@town.dennis.ma.us

## Food Establishment Plan Review Packet

To be used for:

- ☐ New Establishments
- ☐ New Owners
- ☐ Renovated or Altered Establishments
- ☐ Change in Use

***Incomplete packets will not be accepted!***

| | |
|---|---|
| Name of Establishment: | |
| Location of Establishment: | |
| Contact Person/title: | Phone # |

**Projected Date of Start of Project: _____ Desired Opening Date: _____**

Category: ☐ Restaurant ☐ Institution ☐ Retail Food ☐ Other: _____

Type of service (*check all that apply*):

- ☐ Sit down meals – number of seats _____
- ☐ Meals to be served (*check all that apply*): ☐ Breakfast ☐ Lunch ☐ Dinner
- ☐ Take out
- ☐ Catering
- ☐ Mobile Vendor
- ☐ Retail food – total square footage _____
- ☐ Residential Food

***Please include the following documents:***

| Office Use Only | | |
|---|---|---|
| | | Proposed menu (*including seasonal, off-site, and banquet menus*) |
| | | Manufacturer Specification Sheets for each piece of equipment shown on the plan |
| | | Site plan showing location of business in building; location of building onsite including alleys, streets; and location of any outside equipment (*dumpsters, septic system – if applicable)* |
| | | Plan drawn to scale of food establishment showing location of equipment, plumbing, electrical services and mechanical ventilation (*see next page*) |
| | | Completed review packet |
| | | Septic System Inspection/Certificate of Compliance |

## Content and Format of Plans and Specifications

1. Provide plans, including the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.

2. Show the location of each piece of equipment on the plan. Submit drawings of self-service hot and cold holding units with sneeze guards.

3. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot-holding of potentially hazardous foods.

4. Label and locate separate food preparation sinks, hand-washing sinks, three bay sinks.

5. Clearly designate restroom areas, and fixtures.

6. On the plan, represent auxiliary areas such as storage rooms, garbage rooms, toilets, basements and/or cellars used for storage of food preparation.

7. Include and provide:
    a. Entrances, exits, loading and unloading areas and docks
    b. Complete finish schedule for each room, including walls, ceilings, floors and coved juncture bases (use enclosed form)
    c. Lighting schedule with protectors
    d. Equipment schedule to include make and model numbers
    e. Flow chart demonstrating flow patterns for:
        i. Food (receiving, storage, preparation, service)
        ii. Food and dishes (portioning, transport, service)
        iii. Dishes (clean, soiled, cleaning, storage)
        iv. Utensil (storage, use, cleaning)
        v. Trash and garbage (service area, holding, storage)
    f. Dressing rooms, locker areas, employee rest areas, and/or coat rack

# Food Preparation Review

## 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 _____ Dry goods _____

3. Provide information on the amount of space (in cubic feet) allocated for:
   Dry Storage: _____
   Refrigerated storage: _____
   Frozen storage: _____

4. How will dry goods be stored off the floor?
   _____
   _____

## Cold Storage:

1. Is an adequate freezer and refrigeration available to store frozen food at or below 0° and refrigerated foods at 41° or below? ☐Yes ☐No

2. Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready to eat foods? ☐Yes ☐No

3. If yes, how will cross-contamination be prevented?
   _____
   _____
   _____

4. Does each refrigerator/freezer have a thermometer? ☐Yes ☐No

5. Is there a bulk ice machine available? ☐Yes ☐No

## Cooking:

1. Will food product thermometers be used to measure final cooking/ reheating temperatures of TCS's? ☐Yes ☐No

2. List types of cooking equipment
   _____
   _____

## Hot/Cold Holding:

1. How will hot TCS's be maintained at 135°F or above during holding for service? Indicate type and number of hot holding units.
   _____
   _____

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

_____

_____

## Cooling:

Please indicate by checking the appropriate boxes how TCS's will be cooled to 41° F within 6 hours (135° 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/ size** | | | | | |
| **Rapid Chill** | | | | | |
| **Other (describe)** | | | | | |

## Reheating:

1. How will TCS'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 135° F for 15 seconds? Indicate type and number of units used for reheating.

   _____

   _____

2. How will reheating food to 135° F for hot holding be done rapidly and within 2 hours?

   _____

   _____

## Preparation:

1. Will food employees be trained as Certified Food Managers? ☐Yes ☐No
   Number of employees trained: _____
   Dates of completion (*please enclose copies of certificates*): _____

2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent handling of ready-to-eat foods? ☐Yes ☐No

If no, do you have a written plan for alternatives to no bare hand contact with ready to eat foods? ☐Yes ☐No (*If yes, please provide a copy of your plan*)

3. Is there a written policy to exclude or restrict food workers who are sick or have infected cuts and lesions (*please enclose if applicable*)? ☐Yes ☐No

4. How will cooking equipment, cutting boards, counter tops and other food contact surfaces which cannot be submerged in sinks be sanitized?

   _____

   _____

   Chemical type:_____

   Test kit provided? _____

5. Is there a designated sink for produce washing/ food preparation? ☐Yes ☐No
   If yes, where? _____

6. Is there a Dishwasher? ☐Yes ☐No
   Type of sanitization used (*hot water or chemical type*) _____
   Are the temperature/pressure gauges accurately working? ☐Yes ☐No
   Are there test kits/papers for checking sanitizer concentration? ☐Yes ☐No

7. Is there a three bay sink ? ☐Yes ☐No
   Does the largest pot fit into each compartment of the sink? ☐Yes ☐No

## Handwashing/toilet facilities

1. Is there a handwashing sink in each food preparation and warewashing area? ☐Yes ☐No

2. Do all handwashing sinks, including those in the restrooms, have a mixing valve or combination faucet? ☐Yes ☐No

3. Do self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? ☐Yes ☐No

4. Is hand cleanser and hand drying facilities available at all handwashing sinks? ☐Yes ☐No

5. Are covered waste receptacles available in each restroom? ☐Yes ☐No

6. Is hot and cold running water under pressure available at each handwashing sink? ☐Yes ☐No

7. Are all toilet room doors self-closing? ☐Yes ☐No

8. Are all toilet rooms equipped with adequate ventilation? ☐Yes ☐No

9. Is handwashing signage posted in the employee restroom? ☐Yes ☐No

## Small equipment requirements

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

| Equipment Type | Number | Location |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Finish Schedule

Applicant must indicate which materials are in place or will be used in the following areas (*quarry tile, stainless steel, etc.*)

| | **Floor** | **Coving** | **Walls** | **Ceiling** |
|---|---|---|---|---|
| **Kitchen** | | | | |
| **Bar** | | | | |
| **Food Storage** | | | | |
| **Dry storage** | | | | |
| **Toilet rooms** | | | | |
| **Dressing rooms** | | | | |
| **Garbage/refuse area** | | | | |
| **Equipment Storage-other** | | | | |
| **Mop service area** | | | | |
| **Warewashing area** | | | | |
| **Walk-in refrigerator/freezers** | | | | |

## Insect and Rodent Control:

1. Will all outside doors be self-closing and rodent proof? ☐Yes ☐No
2. Are screen doors provided on all entrances left open to the outside? ☐Yes ☐No
3. Do all openable windows have a minimum #16 mesh screening? ☐Yes ☐No
4. Is the placement of electrocution devises identified on the plan? ☐Yes ☐No

5. Will all pipes and electrical conduit chases be sealed; ventilation systems exhaust and intakes protected? ☐Yes ☐No

6. Is area around building clear of unnecessary brush, litter and other harborage? ☐Yes ☐No

7. Will air curtains be used? ☐Yes ☐No If yes, where: _____

## Garbage and Refuse

1. Do all containers have lids? ☐Yes ☐No

2. Will refuse be stored inside? ☐Yes ☐No

3. Is there an area designated for can or floor mat cleaning? ☐Yes ☐No

4. Will a dumpster be used? ☐Yes ☐No

   Number of dumpsters: _____ Size of dumpsters _____

   Frequency of pick up: _____ Contractor:_____

5. Will there be outside garbage cans? ☐Yes ☐No

6. Describe surface and location where dumpster/garbage cans will be stored

   _____
   _____
   _____

7. Describe location of grease storage receptacle

   _____
   _____

8. Is there an area to store recycled containers? ☐Yes ☐No

   If yes, location: _____

## General:

1. Where will cleaning agents be stored?

   _____
   _____
   _____

2. Are insecticides/rodenticides stored separately from cleaning and sanitizing agents?
   ☐Yes ☐No Location: _____

3. Are all containers of toxics clearly labeled? ☐Yes ☐No

4. Location of clean linen storage: _____

5. Location of dirty linen storage: _____

**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 Department may nullify final approval.**

| | |
|---|---|
| Signature | Date |
| Signature | Date |

**Approval of these plans and specifications by the Health Department does not indicate compliance with any other code, law or regulation that may be required. A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.**

# Town of Dennis

# Food Establishment Permit Application

**(Applications must be submitted at least 30 days before the planned opening date)**

*Rev 12.2018*

**1. Establishment Name:**

**2. Establishment Address:**

**3. Establishment Mailing Address** *(if different)*

**4. Establishment Telephone #:**

**5. Applicant Name & Title:**

**6. Applicant Address:**

**7. Applicant Telephone #:** **24 Hour Emergency #:**

**8. Owner Name & Title** *(if different from applicant):*

**9. Owner Address** *(if different from applicant):*

**10. Establishment Owned By:**

- ☐ An Association
- ☐ A Corporation
- ☐ An Individual
- ☐ A Partnership
- ☐ Other
- ☐ Legal Entity_____

**11. If a corporation or partnership, give name, title, and home address of officers or partner.**

| Name | Title | Home Address |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

**Name & Title:**

**Address:**

**Telephone #:** **Fax #:**

**E-mail:**

**Emergency Telephone #:**

**13. District or Regional Supervisor** *(if applicable)*

**Name & Title:**

**Address:**

*****Reverse side must be completed and signed before return to Health Department – no permit will be issued unless complete*****

# Food Establishment Information

| | |
|---|---|
| **14. Water Source:**<br>**DEP Public Water Supply #:** *(if applicable)* | **15. Sewage Disposal:** |
| **16. Days and Hours of Operation** | **17. No. of Food Employees:** |

**18. Name of Person in Charge Certified in Food Protection Management:**_____
***Required as of 10/1/2001 in accordance with 15 CMR 590.003(A) – Please attach copy of Certificate***

**19. Person Trained in Anti-Choking Procedures (if 25 seats or more):** ☐ **yes** ☐ **no**

| | |
|---|---|
| **20. Location: (check one)**<br><br>☐ **Permanent Structure**<br>☐ **Mobile** | **22. Establishment Type (check all that apply)**<br><br>☐ **Retail (_____Sq. ft)**<br>☐ **Food Service – (____seats)**<br>☐ **Food Service – Takeout**<br>☐ **Food Service – Institution (_____meals per day)**<br>☐ **Caterer**<br>☐ **Food Delivery**<br>☐ **Residential Kitchen for Retail Sale**<br>☐ **Residential Kitchen for Bed & Breakfast Home**<br>☐ **Residential Kitchen for Bed & Breakfast Estab.**<br>☐ **Frozen Dessert Manufacturer**<br><br>**Other (Describe)** |

**21. Length of Permit:** (*check one*)
☐ **Annual** ☐ **Seasonal/Dates:**_____ ☐ **Temporary/Dates/Time:**_____

| | |
|---|---|
| **23. Food Operations: (check all that apply):** | **Definitions: TCS food–** Time/temperature control for safety food - food that requires time/temperature control for safety to limit pathogenic microorganism growth or toxin formation; **Non-TCS food –** non potentially hazardous food (no time/temperature controls); **RTE –** ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing) |

| | | |
|---|---|---|
| ☐ **Sale of Commercially Pre-Packaged Non TCS food** | ☐ **TCS food Cooked to Order** | ☐ **Hot TCS food Cooked and Cooled or Hot Held for more than a Single Meal Services.** |
| ☐ **Sale of Commercially Packaged TCS food** | ☐ **Preparation of TCS food for Hot and Cold Holding for Single Meal Service** | ☐ **TCS and RTE foods Prepared for Highly Susceptible Population Facility** |
| ☐ **Delivery of Packaged TCSs** | ☐ **Sale of Raw Animal Foods Intended to be Prepared by Consumer** | ☐ **Vacuum Packaging/Cook Chill** |
| ☐ **Reheating of Commercially Processed Foods For Service Within 4 Hours** | ☐ **Customer Self-Service** | ☐ **Use of Process Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)** |
| ☐ **Customer Self-Service of Non-TCS foods and Non-Perishable Foods Only.** | ☐ **Ice Manufacturer and Packaged for Retail Sale** | ☐ **Offers Raw or Uncooked Food of Animal Origin** |
| ☐ **Preparation of Non TCS food** | ☐ **Juice Manufactured and Packaged for Retail Sale** | ☐ **Prepares Food/Single Meals for Catered Events or Institutional Food Service** |
| ☐ **Retail Sale of Salvage, Out-of-Date or Reconditioned Food** | ☐ **Offers RTE TCS food in Bulk Quantities** | ☐ **Prepares Food/Single Meals for Catered Events or Institutional Food Service** |

**Other (describe):**

**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.**

**24. Signature of Applicant:** _____

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

**25. Social Security Number or Federal ID:** _____

**26. Signature of Individual or Corporate Name:** _____

Town of Dennis
Health Department

Kristen Keller
Health Director

Tel: (508) 760-6158
Fax: (508) 394-6289

# License Attestation

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

**I further certify that all Dennis taxes have been paid to the Town.**

| | |
|---|---|
| _____ | _____ |
| ***Signature of Individual** | **By: Corporate Officer** |
| _____ | _____ |
| ****Social Security # Voluntary or Federal Identification Number** | **Date Signed** |

***Licenses 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 <u>will be subject to license suspension or revocation</u>. This request is made under the authority of Massachusetts General Law, Chapter 62C, Section 49A.**

*The Commonwealth of Massachusetts*
*Department of Industrial Accidents*
*1 Congress Street, Suite 100*
*Boston, MA 02114-2017*
*www.mass.gov/dia*

**Workers' Compensation Insurance Affidavit: General Businesses.**
**TO BE FILED WITH THE PERMITTING AUTHORITY.**

**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:** DENNIS **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:** Kristen Keller, Health Director **Phone #:** (508)-760-6158

# 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia

Form Revised 02-23-15