Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund

Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

Food Establishment Permit Process Letter

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned. Your application must include the following documentation:

☐ Anyone building or renovating a food establishment must submit:
- ☐ plans for review
- ☐ a menu or list of food items that you intend to prepare

☐ Completed Signed Application. *** The Application must be typed and printed. Please **do not** hand-write applications. ***

☐ Certifications: (You must supply your own copies of certificates with your application)
- ☐ *Food Protection Manager Certificates* - *Food Handler Certificates* do not meet the state requirements.
- ☐ *Allergen Awareness Certificates*
- ☐ *Anti-Choking Certification* in establishments with 25 or more seats.

☐ Insurance Information:
- ☐ Completed Workers' Compensation Affidavit
- ☐ Workers' Compensation declaration page (if you have employees)

☐ Fee:
- ☐ Checks (made payable to Town of Weymouth) or ☐ Cash

☐ You must contact our office to schedule an inspection prior to opening. Your permit will be issued upon inspection approval.

GENERAL INFORMATION

SERVICE ANIMALS

In your food establishment, only service animals are permitted. NO PETS ARE ALLOWED.
Service animals are only allowed in areas of your food establishment where there is no food preparation.

GREASE TRAPS

Indoor grease traps must be cleaned monthly. Outdoor underground grease traps must be cleaned every 3 months. Proof of cleaning must be kept on site and will be checked during your inspection.

PEST CONTROL

If your establishment has any evidence of pest activity you must be utilizing a licensed pest management company company to control populations. Copies of all pest management reports must be kept on site and available to inspectors at the time of inspection.

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2024 Food Establishment Permit Application

Food Establishment Name: _____

Food Establishment Address: _____

Mailing Address (If different): _____

City: _____ State: _____ Zip Code: _____

Est. Phone #: _____ Email: _____

Emergency Contact Name: _____ Emergency Phone #: _____

Establishment Owned By:

- ☐ An association
- ☐ A corporation
- ☐ An individual
- ☐ A partnership
- ☐ Other legal

If Corporation please list Corporation Name: _____

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

Name Title Home Address

_____

_____

_____

_____

Owner Information

Person Directly Responsible for Daily Operations

Owner, Person in Charge, Supervisor, Manager, etc.	
Name & Title:	
Address:	
Telephone #:	Email:
Emergency Phone #	
District or Regional Supervisor (*if applicable)*	
Name & Title:	
Address:	
Telephone #:	Email:

Type of Food Establishment

☐ Bakery	☐ Food Service	☐ Retail Food
☐ Caterer	☐ Frozen Desert	☐ Wholesale Processor
☐ Food Manufacturer	☐ Residential Kitchen	

Food Establishment Specifications

Days & Hours of Operation: _____

☐ Annual ☐ Seasonal (indicate dates of operation): _____

Retail Establishment Sq. Feet: _____Food Service # of seats: _____

Certifications

You Must Provide Copies of all certificates listed below – at least one person certified each shift

Name of Certified Food Managers: _____
_____
_____

Allergen Awareness Training Certificate Holders: _____
_____
_____

If you have a seating capacity of 25 or more –
Anti-Chocking (Heimlich) Certification Holders: _____
_____
_____

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.

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.

- Please return this application, permit fee, Worker's Compensation Affidavit, Worker's Compensation insurance policy declaration page (from your insurance agent) and all certificate copies to: Weymouth Health Dept., 75 Middle Street, Weymouth MA 02189
- Annual permits are valid January 1st through December 31st of each year.
- Annual permit applications and fees are due back to the Health Dept. no later than December 15th. All applications received after December 15th will be charged late fees.

Federal Tax ID #: _____

Signature of Individual or Corporate Name: _____

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 #:_____

Official use only. Do not write in this area, to be completed by city or town official.

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