

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

FARMERS MARKET FOOD PERMIT **Application Instructions**

Anyone wishing to sell food at the **Weymouth Farmers' Markets** must obtain a retail food permit from the Health Department unless they meet the following exemption:

- Selling only whole, uncut fresh fruits and vegetables, unprocessed honey, pure maple products or farm fresh eggs which are stored and maintained at 45 degrees F or less are sold.

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.

If you do not meet the above exemption, your application must include the following documentation:

- ☐ Complete the Farmers' Market Food Permit Application in its entirety.
- ☐ Include copies of Food Manager and Allergen Awareness Certificates (if applicable).
- ☐ Include the Completed affidavit for Workers Compensation Insurance
- ☐ If you have a Worker's Compensation policy, a copy of your WC declaration page must also be included (obtained from your insurance agent)
- ☐ If you hold a food permit from another municipality, you **must** include a copy of your valid permit **AND** a copy of your most recent inspection report Include sample copies of your labels for items packaged in a licensed kitchen *

GENERAL INFORMATION

Preparation and sale of Time Temperature Control for Safety Food (TCS): also known as potentially hazardous foods (PHFs), may only be conducted with written approval from us. A full list of sale items must be submitted with your sanitation process (hand-wash, ware-wash etc.)

*** Labeling of baked goods and prepackaged foods:** Items may be displayed in bulk and do not require labeling but you must have a list of ingredients available on site. Items packaged in a licensed kitchen must be labeled in accordance with the Mass and Federal Food Codes. **Copies of labels must be included with the application.**

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2024 Farmers Market Food Permit Application

Business Name:	
Business Address:	
Mailing Address (if different):	
Applicant Name and Title:	
24 Hour Emergency Telephone #:	Email address:
Do you currently hold a food permit in another municipality (attach a copy of permit): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list all items you intend to distribute (<u>you must attach a sample of your prepackaged food label</u>).	
Are you preparing food on site? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you intending to sell PHFs/TCSs? <input type="checkbox"/> Yes * <input type="checkbox"/> No * If yes, you must have someone that is Food Manager and Allergen Awareness Certified. Copies of Certificates must be attached.	
<u>Describe facilities and equipment:</u>	
<u>Details for hand washing and sanitizing:</u>	
<u>Details for maintaining food temperatures above 135f or below 41f:</u>	
Confirm your understanding that the following is needed for all food handling: Food grade gloves: <input type="checkbox"/> Food thermometer: <input type="checkbox"/> Hand sanitizer/towels: <input type="checkbox"/> Covers on food: <input type="checkbox"/>	

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.

Signature of Applicant: _____ **Date:** _____



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