



MaryAnn O'Connor  
Director  
Board of Health

# City of Medford

## BOARD OF HEALTH

City Hall - Room 311  
85 George P Hassett Drive  
Medford, Massachusetts 02155

Telephone  
(781) 393-2560  
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### PERMIT APPLICATION FOR FOOD ESTABLISHMENTS

Complete the Application legibly and enclose a fee payable to the "City of Medford"

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_ Establishment Phone: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ Medford, MA 02155

Are you a Caterer? Yes  No  Number of Seats Authorized by Common Victualler (CV): \_\_\_\_\_ N/A

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Name (as per the CV License Application): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Corporate Name: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_

Corporate Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

- If Corporate, attach a list of officer names, addresses and phone numbers

Name of Person **Directly Responsible** for the Food Establishment: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Name of the **Immediate Supervisor** (Zone, District, Regional): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Title: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 24 Hour Number: \_\_\_\_\_

**SEE GUIDELINES ON THE BACK PAGE FOR INSTRUCTIONS AND FEE SCHEDULE**

Pursuant to M.G.L. 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 all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

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Food Establishment Fee Enclosed:                    \$ \_\_\_\_\_                    \_\_\_\_\_  
Federal Identification Number

Milk License Fee (Only if cartons are sold):    \$ \_\_\_\_\_

Total Enclosed:                    \$ \_\_\_\_\_                    \_\_\_\_\_  
Signature of Individual Corp / Officer

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**To obtain a permit to operate a Food Establishment please submit the following:**

Completed **“Application for a Permit to Operate a Food Establishment.”** Please print legibly and

- note that any missing information may cause a delay in the permit process. **Do not leave any blank spaces.** Include your **Federal Identification Number and Signature.** Note: According to MA General Law Chapter 140 Section 2, Food Establishments that offer seating to the public for consumption on the premises requires a Common Victualler (CV) License.

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**Permit Fee** (determined by the Medford Board of Health). Please make check payable to **“City of Medford”**

- Cash is not accepted at this time.

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Completed **“Workers’ Compensation Insurance Affidavit.”** Attach a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date).

- A copy of your **Written Employee Health Policy** or the **Food Employee Reporting Agreement Form**

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A copy of the Person-in-Charge (PIC) **Certified Food Protection Manager AND Allergy Awareness Certificates** (if New Owner or Food Establishment).

- Copy of **Choke Save** card or certificate. Food Service Establishments with 25 or more seats are required to have an employee trained in Anti-Choking Procedures at all times the establishment is open to the public (If New Owner or Food Establishment)

- Completed copy of **Food Establishment Pest/Rodent Control Report and (IPM) Integrated Pest Management Plan.**

Note: The Medford Health Department must be notified PRIOR to the following:

- Remodeling/ Changing Equipment.
- Adding Special Processes such as but not limited to: Smoking of Foods / Acidification as means of Food Preservation, Reduced Oxygen Packaging (ROP), Partial Cooking of Raw Animal Foods, and Using Time as a Public Health Control. Detailed plans and specific information must be submitted for review. **Written approval must be granted by the Department prior to implementing such processes.**

**Fee schedule is listed below**  
**Please check box for all permits that apply**

Milk and Ice Cream (Selling Cartons of Milk or Ice)	\$40.00	<input type="checkbox"/>
Ice Cream Manufacturing	\$50.00	<input type="checkbox"/>
Type I (Only Commercially Packaged Foods, Convenience Stores)	\$75.00	<input type="checkbox"/>
Type II (Take Out, Cook to Order)	\$175.00	<input type="checkbox"/>
Type III (Sit Down Menu, Complex Processes)	\$300.00	<input type="checkbox"/>
Type IV (Retail Grocery)	\$600.00	<input type="checkbox"/>
Residential Kitchen	\$150.00	<input type="checkbox"/>
Catering and / or Mobile Food Permit	\$150.00	<input type="checkbox"/>
Rodent Control IPM Plan	\$25.00	<input type="checkbox"/>

**MAKE CHECK PAYABLE TO “City of Medford”**

The Medford Health Department is open Monday, Tuesday, Thursdays from 8:30 A.M. -4:30 P.M. and until 7:30 P.M. on Wednesdays, Fridays 8:30 A.M. – 12:30 P.M. If there are questions, please call the Medford Health Department at 781-393-2560.

**The Food Codes can be found at the following websites:**

105 CMR 590.00:

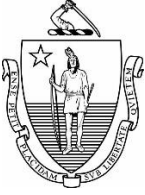
<http://www.mass.gov/eohhs/docs/dph/regs/105cmr590.pfd>

FDA 2013 Food Code:

<http://www.fda.gov/downloads/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/UCM374510.pdf>

FDA 2015 Food Code Supplement:

<http://www.fda.gov/Food/NewsEvent/ConstituentUpdates/ucm453530.htm>



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, Mass. 02114-2017

[www.mass.gov/dia](http://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: \_\_\_\_\_

Are you an employer? Check the appropriate box:

Business Type (required):

- 1.  I am an 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 c152, §I (4) and we have no employees. (No Workers' Comp. Insurance required)\*\*
- 4.  We are a nonprofit organization staffed by volunteers, with no employees. (No workers' Comp. Insurance reg.)

- Retail
- Restaurant/Bar/Eating Establishment
- Office and/or Sales (Real Estate, Auto, ect.)
- Nonprofit
- Entertainment
- Manufacturing
- Health Care
- 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 provides 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.# \_\_\_\_\_

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.

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I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

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***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. Selectman's Office

6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_