



The City of Fitchburg

Health Department
166 Boulder Drive, Suite 108
Fitchburg, MA 01420
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Board of Health
John Bogdasarian, M.D., Chairman
Ian Murray
Sandra Knipe, R.N., B.S.N

STEPHEN D. CURRY
HEALTH DIRECTOR

2020 FARMERS MARKET FOOD PERMIT APPLICATION

Annual or Seasonal Farmers Market Only Permit: \$25.00

Checks, Cash or Money Order is accepted. Make checks payable to the: City of Fitchburg

INSTRUCTIONS PLEASE READ CAREFULLY: This application must be fully completed, submitted with the required documents and payment to the Fitchburg Health Department at least 14 days before the date you anticipate to operate at in Fitchburg.

This application does not apply to mobile food operations such as food trucks. Mobile food operations must complete a Fitchburg Temporary Food Permit Application or Annual Mobile food permit application.

If you have any questions regarding this application, please contact Stephanie Holinko, the Fitchburg Food Inspector, at 978-829-1873 or by e-mail to: sholinko@fitchburgma.gov - Office hours are by appointment only.

No permit from the Health Department is required to sell the following products from a farmers market:

- Whole, uncut fresh fruits and vegetables.
- Unprocessed honey, or raw honey as defined by the National Honey Board
- Pure maple products.
- Farm fresh eggs which are stored and maintained at 45°F or less.

The following must be submitted for permit approval. If documents are missing, the application will not be accepted and permits will not be issued.

- A completed Annual Food Establishment Permit Application**
- Permit Fee**
- Completed Workers Compensation Affidavit: General Businesses.** See attachment. Submission of this document is required for all applicants.
- READ CAREFULLY: If your business requires workers compensation coverage, attach a Certificate of Liability (ACORD 25 form) showing proof of coverage of your workers compensation.** This form must reflect proof of coverage at your Fitchburg establishment's address. You **must** obtain this document by contacting your insurance company and specifically requesting this form. This is not the policy declaration page and this is not the Notice to Employees document.
- City of Fitchburg Certificate of Tax Compliance:** This can be obtained from the City of Fitchburg Treasurer's Office by contacting 978-829-1830 or visiting the Treasurer during normal office hours.
- Massachusetts Department of Revenue "Certificate of Good Standing"/Tax Compliance**
- Food Protection Manager Certification(s):** Submit copies for all trained individuals working the market who have this certification
- Allergen Awareness Certification(s):** Submit copies for all trained individuals working the market who have this certification
- Copy of your food permit** for your base of operation from the local jurisdiction you operate out of (i.e. residential kitchen permit, food service establishment permit)
- Copy of your most recent food inspection report for your base of operation**
- If you package your own foods for retail sale,** copies of your food labels. Minimum Requirements for Packaged Food Labeling can be found by visiting this link:
<https://www.mass.gov/doc/minimum-requirements-for-packaged-food-labeling-0/download>

Name of Business (DBA): _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone #: _____ Business website: _____

Mailing Address/Attention to (If different from the business address): _____

City: _____ State: _____ Zip Code: _____

Permit Holder (i.e. Individual, Corporation Name, Partnership): _____

Permit Holder Home Phone #: _____ Permit Holder Cell Phone #: _____

Permit holder e-mail address: _____

Name of 24 hour emergency contact: _____ 24 Hour telephone #: _____

Operation Owned By (Please Check One):

An association A corporation/LLC An individual A partnership

Other legal entity. Please specify: _____

List below the information for all Owner(s), Partners, Corporate Officers, or Board of Directors. Use a separate sheet if necessary. **If a corporation**, please attach a printout of the summary screen generated by the state's corporation database containing the corporation's general information.

Information of Owner(s), Partners, Corporate Officers or Board of Directors					
1	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
2	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
3	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned
4	Name (First/Last)		Phone Number	Email Address	Title/Position
	Address	Street	City	State/Zip Code	# Stock/%owned

As required by M.G.L Chapter 152, Section 25A, this Establishment is in compliance with the Massachusetts Workers Compensation Coverage Requirement.

Yes: _____ No: _____

Location, Days, and Hours of Operation

REMINDER: If location, hours, or days of operation change at any point, please contact the Health Department Food Inspector to update our records.

Please list Fitchburg Farmers Market Location(s), and date and time for each location: _____

Market Coordinator Name: _____ **Phone #:** _____

What type of food permit does your business currently hold? Please check one.

- _____ Residential Kitchen for Retail Sale
- _____ Caterer
- _____ Food Service Establishment
- _____ Other (Please explain): _____

What do you sell at the farmers market? (Check all that apply):

- _____ Pre-packaged foods only
- _____ Unpackaged foods
- _____ Frozen foods
- _____ Time/temperature control for safety (TCS) foods
- _____ Meat
- _____ Baked goods
- _____ Beverages
- _____ Other. Please Specify: _____

Provide a detailed description of food products you offer, including secondary food products, their producer and location. Secondary food products are produced by a business other than your business. Use another sheet if necessary: _____

Please be advised: Secondary food products sold that are produced by another business other than your business require a Wholesale Food License issued by the Department of Public Health Food Protection Program. Please submit a copy of the wholesale food license for the secondary food items sold.

If there is sale of unpackaged foods, describe how foods will be protected against environmental and customer contamination: _____

How is time/temperature control for safety (TCS) foods going to be transported to the event and stored at the event to ensure correct product temperature (hot foods held hot above 135°F, cold foods held cold below 41°F)? Frozen food must remain frozen.

Food Sampling (Requires Pre-Approval):

1) Will you be providing food samples? Yes _____ No _____

If you checked "yes" to the above question, please answer questions 2-4.

2) List foods that will be sampled: _____

3) List types of utensils and equipment for food sampling: _____

4) Describe how bare hand contact will be prevented with ready to eat foods: _____

5) Describe location of handwashing facilities: _____

Person in Charge (PIC) Information

The PIC is the person who is in a supervisory position over the establishment. PIC is a regulatory term which "means the individual present at a food establishment who is responsible for the operation at the time of inspection." Every establishment who obtains a food permit must have a designated PIC regardless of their risk level. For example, if a convenience store has one employee working, that one employee will be considered a PIC or alternate PIC.

First Name: _____ **Last Name:** _____

Title/Position/Duty: _____

Phone #: _____ **E-Mail Address:** _____

Does this person have a Food Protection Manager Certification? (Please check one)

Yes (submit copy) _____ No _____

Does this person have an Allergen Awareness Certification? (Please check one)

Yes (submit copy) _____ No _____

Alternate Person in Charge (PIC) Information

The Alternate PIC is the person who is in a supervisory position over the food operation when the PIC is not on site. There must always be a designated Alternate PIC on site during all hours of operation at every establishment when the PIC is not on site.

First Name: _____ **Last Name:** _____

Title/Position/Duty: _____

Phone #: _____ **E-Mail Address:** _____

Does this person have a Food Protection Manager Certification? (Please check one)

Yes (submit copy) _____ No _____

Does this person have an Allergen Awareness Certification? (Please check one)

Yes (submit copy) _____ No _____

Your food permit must be posted on site at the market in a location clearly visible to the general public.

If you use a scale to weigh food at the market, your scale must have a valid non-expired stamp from Weights and Measures. If you need a scale inspection to obtain a stamp, please contact the Fitchburg Weights and Measures Inspector, Paul M. Duonolo, at 617-820-7839 or by e-mail at: Paul.duonolo@state.ma.us

If you sell unpackaged foods for immediate consumption such as coffee, lemonade, bakery items and prepared foods, you must have a MA Department of Revenue Sales Tax on meals/beverages Certificate (MT-1 form). This must be posted on site at your booth at the market.

I, the undersigned certify under the penalties of perjury that the applicant has filed state tax returns and paid all state taxes as required per M.G.L. Chapter 62C, Section 49A. I certify that I have read all of the conditions of this document and I hereby attest to the accuracy of the information provided in this application, and the attached documents and affirm to comply with jurisdictional current code. Additionally, I fully understand that any deviation from the above without prior permission from the Fitchburg Health Department may nullify Food Establishment permit.

Applicant Signature: _____

Print Applicant Name: _____

Applicant Title: _____

Federal Identification Number (FID/EIN): _____

Date: _____

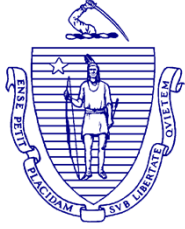
FOR OFFICE USE ONLY

Payment Date: _____ Amount Paid: _____ Payment Type: _____

Check # or Money Order #: _____ Receipt Number: _____

Restrictions/Comments: _____

Risk Level (1-4): _____ Permit Effective Date: _____ Permit Expiration Date: _____



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: _____ 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 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