



# *Town of Marshfield*

## **Board of Health**

870 Moraine Street

Marshfield, Massachusetts 02050

Tel: 781-834-5558

Fax: 781-837-6047

**2020**

## **Temporary Food Application Requirements**

Dear Applicant:

Below is information regarding the application process to obtain a Temporary Food Permit. If you have questions or concerns regarding the process please contact us at 781-834-5558.

### Permit application instructions

1. Complete and submit the Temporary Food Application.
2. Submit a copy of your Home Base Restaurant or Commissary permit if you have a licensed establishment in another municipality.
3. Submit a copy of your most recent food inspection report. (if applicable)
4. Submit a copy of your current Food Safety Certification and Allergen Awareness Certification.
5. **If preparing TTC's (Time Temperature Control Foods) off site:** Please attach a copy of the fixed base of operation, commissary, or restaurant where the food will be prepared, including dates and times of food preparation. Describe how food will be safely transported (temperatures above 135F and below 41F) to the event (Hot dog carts are exempt)
6. Complete and submit the affidavit for Workers' Compensation Insurance.
7. Submit a copy of your Peddlers License from Marshfield Selectmen's office. (781-834-5563)
8. Submit your application packet along with the appropriate fee:

Temporary Food Permit Fee: \$15.00 per day (if received 2 weeks prior to an event)

Fee: \$25.00 per day (if received less than 2 weeks prior)

**Permits may not be issued if received less than 72 hours prior to an event.**

9. On the day of your event please **Conspicuously Display** your Food Permit and an Allergy Awareness Notice stating "Before placing your order, please inform your server if a person in your party has a food allergy".

Please ensure that all forms are completed in their entirety by printing or typing neatly and legibly. Once complete, please return all required documents and fee to:

Town of Marshfield  
Marshfield Board of Health  
870 Moraine Street  
Marshfield, MA 02050

**Incomplete applications will be mailed back to you.**

Sincerely,

Robert Valery  
Director of Public Health

Marshfield Board of Health  
870 Moraine Street  
Marshfield, Ma. 02050

781-834-5558  
Fax 781-837-6047

Permit # \_\_\_\_\_

Fee \_\_\_\_\_

## Application for Temporary Food Establishment Permit

**Early Registration Fee:** \$15.00 per day (if received 14 days prior to event)  
\$25.00 per day (if received less than 14 days prior to event)

**PLEASE NOTE:** Applications will not be accepted less than 72 hours prior to an event.

**\*Applications will not be accepted unless a copy of your up-to-date Food Certification(s), Allergen Awareness Certification, Workers' Comp Form and Marshfield Board of Selectmen Peddlers license is enclosed.**

### **PLEASE PRINT CLEARLY**

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

Name of Certified Food Handler: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

(if different than above)

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fed. ID # \_\_\_\_\_

Event Location: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Menu: List all food items proposed to be prepared and served

---

---

---

---

Confirm your understanding that the following is needed for all food handling? Y N

Food grade gloves / Food Thermometer / Hand sanitizer & towels / Covers on Food

If preparing PHF's (Potentially Hazardous Foods) off site: Please attach a copy of the fixed base of operation, commissary, or restaurant where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported (temperatures about 135 F and below 41 F ) to the event. (Hot Dogs are exempt)

List sources if serving meat/poultry/seafood/shellfish (Shellfish tags must be maintained for 90 days)

\_\_\_\_\_  
\_\_\_\_\_

List water source and storage method \_\_\_\_\_

How will wastewater be stored and disposed? \_\_\_\_\_

How will garbage be stored and disposed? \_\_\_\_\_

**STATEMENT:** I hereby certify that the above information is correct, and I fully understand that any deviation from the above, without prior approval from the Board of Health, may nullify final approval.

Signature(s) \_\_\_\_\_

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

**APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE!**

Approval of these plans does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute approval for operation. A pre-opening inspection of the establishment, with equipment in place and operational, will be required to determine compliance.



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
**Office of Investigations**  
600 Washington Street, 7<sup>th</sup> Floor; Boston, Mass. 02111  
Workers' Compensation Insurance Affidavit

**Applicant information:**

Please PRINT legibly

name: \_\_\_\_\_

location: \_\_\_\_\_

city \_\_\_\_\_ phone # \_\_\_\_\_

☐

I am a homeowner performing all work myself.

☐

I am a sole proprietor and have no one working in any capacity

☐

I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

☐

I am a sole proprietor, **general contractor**, or **homeowner** (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_ policy # \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

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

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_

☐ check if immediate response is required

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_

- ☐ Building Department
- ☐ Licensing Board
- ☐ Selectmen's Office
- ☐ Health Department
- ☐ Other \_\_\_\_\_

## Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers' compensation for their employees. As quoted from the "law", 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 section 25 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, 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 in the workers' compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers along with a certificate of insurance as all affidavits 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.

---

### City or Towns

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. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

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**  
600 Washington Street, 7<sup>th</sup> Floor  
Boston, Ma. 02111  
fax #: (617) 727-7749  
phone #: (617) 727-4900 ext. 406