

TOWN OF SCITUATE

BOARD OF HEALTH



600 Chief Justice Cushing Hwy.
Scituate, Massachusetts 02066
Telephone (781) 545-8725
Fax (781) 545-8704

To: Scituate Food Establishment Permit Holders

From: Scituate Board of Health

Date: October 17, 2016

Subject: 2017 Food Permit Renewals

Enclosed is your 2017 food establishment permit application package. Enclosed are the following: 1) the food establishment permit application form, which needs to be **completed in its entirety** (it is double sided), and 2) a checklist identifying the required documentation and total fee to be provided to the Board of Health with your completed application form. The fee is based on the number of seats for food service establishments or square footage of retail food stores. A complete application package includes 1) the completed application form; 2) checklist with contact information section completed; 3) the fee; and 4) required documents as identified on the checklist. You must include with your renewal package copies of all applicable and current certificates (food manager, allergen and choke safe) as indicated on the checklist, even if provided in previous years.

The Board of Health must receive your **completed** application package, with required documentation, and check made payable to the Town of Scituate by **November 15, 2016**. **If the Board of Health does not receive the completed application and required documentation by the above deadline, the permit holder will be required to pay a \$50.00 late fee. There will be no exceptions.** The permit holder is also subject to suspension of operations during any time period that permits are expired.

Your 2017 food permit and food manager certificates must be posted in a conspicuous place viewable by the public. As a reminder, all food establishments must have a designated Person-In-Charge (PIC) in the establishment at all times of operation, and for most establishments the PIC must be a Certified Food Protection Manager. This is very important, especially if there is a high staff turnover. Please note that Certified Food Manager Certificates are valid for five years. Carefully check the status and renew all certifications before they expire.

In addition, all food establishments must be in compliance with the Food Allergy Awareness Regulation that went into effect on January 1, 2011. The regulation requires allergen training for staff, an allergen education poster displayed for staff, and notice to customers on menus and menu boards. An **allergen trained employee must** be on the premises **whenever food is served**. Further, for food establishments with a seating capacity of 25 or more people, there **must** be an employee trained in **anti-choking procedures on premises whenever food is being served**.

Finally, if indicated on the enclosed checklist, you must complete and submit the enclosed grease trap questionnaire.

The Board of Health thanks you in advance for your cooperation. If you have any questions regarding the application process, please do not hesitate to call our office at 781-545-8725 or email Sue at stice@scituatema.gov.

Sincerely,

Jennifer Keefe

Director of Public Health
Scituate Board of Health



Town of Scituate Board of Health
 600 Chief Justice Cushing Highway
 Scituate, Massachusetts 02066
 T: (781) 545-8725 F: (781) 545-8866

2017 FOOD ESTABLISHMENT PERMIT CHECKLIST

Name of Food Establishment: _____

Address of Establishment: _____

Name of Owner: _____

Owner's Mailing Address: _____

Owner's Email Address: _____

Owner's Preferred Phone Number: _____

Name of Person In Charge (PIC): _____

Due Date: November 15, 2016

**If Complete Application Package Is Received After November 15, 2016,
 a \$50.00 late fee will be applied. No exceptions will be granted.**

Retail Food Store
 (# _____ sq. ft.)

OR

Food Service Establishment
 (# _____ seats)

Bed & Breakfast

Residential Kitchen for Retail Sale

Frozen Dessert

Milk & Cream License

Caterer

CERTIFICATES TO BE PROVIDED TO THE BOARD OF HEALTH

ServSafe Certificate Needed
 (provide for **all** certified employees, at a **minimum** this includes the Person In Charge (PIC))

Allergen Training Certificate Needed (provide for **all** trained employees, a **minimum of one per shift**)

Choke Safe Training Needed For Establishments With 25 or More Seats
 (provide for **all** trained employees, a **minimum of one per shift**)

Grease Trap Questionnaire

TOTAL FEE TO BE SUBMITTED

(check made payable to the Town of Scituate)



BOARD OF HEALTH

600 Chief Justice Highway
SCITUATE, MASSACHUSETTS 02066
(781) 545-8725
(781) 545-8866 FAX

2017 Food Establishment Permit Application

1) Establishment Name:		Date:												
2) Establishment Address:														
3) Establishment Mailing Address (if different):														
4) Establishment Telephone No:														
5) Applicant Name & Title:														
6) Applicant Address:														
7) Applicant Telephone No:		24 Hour Emergency No:												
8) Owner Name & Title (if different from applicant):														
9) Owner Address (if different from applicant):														
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other legal entity _____		11) If a corporation or partnership, give name, title, and home address of officers or partner. <table border="1"><thead><tr><th>Name</th><th>Title</th><th>Home Address</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table>	Name	Title	Home Address	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Title	Home Address												
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)														
Name & Title:	_____													
Address:	_____													
Telephone No:	Fax: _____													
Emergency Telephone No:	_____													
13) District Or Regional Supervisor (if applicable)														
Name & Title:	_____													
Address:	_____													
Telephone No:	Fax: _____													

Food Establishment Permit Application: Page 2 of 2

14) Water Source: (check one) Town system _____ Private Well _____	15) Sewage disposal: (check one) Town sewer _____ On-site septic _____
16) Days and Hours of Operation: _____	17) No. of Food Employees: _____

18) Name of Person(s) In Charge Certified in Food Protection Management:
 Attach certificate(s) _____

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No **** Attach certificate(s) & Insurance****

20) Location: check one <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type <input type="checkbox"/> Food Service – (_____ Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (_____ #Meals/Day) <input type="checkbox"/> Food Service – Function Hall <input type="checkbox"/> Food Service - Mobile Truck Other <input type="checkbox"/> Food Delivery <input type="checkbox"/> Frozen Dessert Machine <input type="checkbox"/> Milk & Cream <input type="checkbox"/> Slush Machine	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Estab <input type="checkbox"/> Residential Kitchen for Bed & Breakfast Home <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Retail (_____ Sq. ft)
21) Length Of Permit: <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____ <input type="checkbox"/> Temporary/Dates/Time: _____		

23) Food Operations: (check all that apply)	Definitions: PHF – potentially hazardous food(time/temperature controls required) Non-PHF – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat (Ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHFs	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHFs	<input type="checkbox"/> Preparation Of PHFs For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Delivery of Packaged PHFs	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours. <input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Customer Self-Service <input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control) <input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.
D Preparation Of Non-PHFs	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale <input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
D Other (Describe):	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application

"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. 152, sec. 25A, I certify under the penalties of perjury that this establishment, to my best knowledge and belief, is in compliance with the Massachusetts Workers Compensation Coverage Requirement if applicable."

"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."

24) Signature of Applicant: _____



Town of Scituate Board of Health
Fats, Oils and Grease Regulations Questionnaire

Name of Business:	
Name of Owner:	
Business Address:	
Preferred Contact Phone #:	
Preferred Contact Email:	
Square Footage of Business:	
Number of Seats:	
Number and Size of Grease Interceptors:	
Location of Grease Interceptor (Internal, external, under sink, etc.)	
Number of Fryolators: <i>(Capacity in gallons)</i>	
Number of Woks <i>(Capacity in Gallons)</i>	

1. Outside storage of waste oil or fats? Y N
2. Location of Storage: _____
3. Contract for removal of oils and fats? Y N
4. Name and phone number of contractor for removal of oils and fats:
Name: _____ Phone #: _____
5. Frequency of pick-up: _____

6. Is there a contractor for maintenance and inspection of grease trap/interceptors? Y N

7. Name and phone number of maintenance and inspection contractor:

Name: _____ Phone #: _____

8. Frequency of inspection and/or cleaning _____

9. If no contractor, who does cleaning and inspection and, how often? _____

10. Do you have records that can be provided to the Board of Health upon request? Y N

11. Is your establishment on town sewer or septic system? _____