



**CITY OF FALL RIVER, MASSACHUSETTS**  
**Board of Health**  
*through the Inspectional Services Division-Food Inspection*

**APPLICATION FOR FOOD/RETAIL ESTABLISHMENTS.**

The enclosed TAX CERTIFICATION FORM along with this application must be completed and signed by the Business Owner or Corporate Officer as well as by the City Collector. Failure to enclose this completed & signed form will result in a returned application.

Information on obtaining copies of the Massachusetts Food Code (105CMR 590.000) and 1999 Federal Food Code can be obtained from the following website: <http://www.mass.gov/eohhs/provider/guidance-business/food-safety/retail-food/massachusetts-retail-food-regulations-fact-sheet.html> The following site has copies of the combined Massachusetts & 1999 Federal Food Codes: <http://www.mehaonline.net/resources/MEHA2011MFC.pdf>

Late Fee Charges - \$60.00 additional fee if completed license packet is not received prior to expiration of current license

BUSINESS NAME: _____	
LOCATION OF BUSINESS _____	ZIP CODE: _____
NAME OF APPLICANT: _____	DATE of BIRTH: _____
HOME ADDRESS: _____	
BUSINESS TELEPHONE: _____	HOME TELEPHONE: _____
EMERGENCY TEL: (other than residence & contact person) _____	

Establishment owned by: <input type="checkbox"/> an association <input type="checkbox"/> corporation <input type="checkbox"/> individual <input type="checkbox"/> partnership <input type="checkbox"/> other legal entity : _____
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**If a corporation or partnership, give name, title and address of officers:**

Name	Title	Address



Check-off the type of operation:  mobile or  stationary and  temporary or  permanent

Days & hours of operation \_\_\_\_\_

Total number of employees \_\_\_\_\_

Total number of seats: \_\_\_\_\_

Total number of vending machines \_\_\_\_\_

Total number of registers: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

- |   |     |    |
|---|-----|----|
| 1. Does your operation prepare food on site?  | Yes | No |
| 2. Does your operation prepare food for sale or <i>potentially hazardous food</i> ?<br>[see 1999 Federal Food Code §1-201.10(B)(61)]                        | Yes | No |
| 1. Only to order  | Yes | No |
| 2. In advance based upon projected demand, and discards<br>food that is not sold or served at an approved frequency?  | Yes | No |
| 3. Using time as the public health control as specified in §3-501.19  | Yes | No |
| 3. Does your operation prepare potentially hazardous food in advance using a food<br>preparation method that involves two or more steps?                    | Yes | No |
| 4. Does your operation prepare food for <u>consumption</u> at a location off-premise?   | Yes | No |
| 5. Does your operation prepare/serve food for a <i>highly susceptible population</i> ?<br>[see 1999 Federal Food Code § 1-20 1.10(B)( 40)]                  | Yes | No |
| 6. Does your operation bake food on site or prepare food that is <i>not potentially hazardous</i> ?<br>[see 1999 Federal Food Code § 1-20 1.10(B)( 61)( c)] | Yes | No |
| 7. Does your site <u>only offer for sale</u> prepackaged food that is not potentially hazardous?  | Yes | No |
| 8. Do you use milk in any form?   | Yes | No |
| 9. Do you sell soft serve ice cream/slush?  | Yes | No |

Name(s) of person(s) in charge who are certified in Food Management ( in accordance with 105 CMR 590.003)

*Please attach copies of certificate(s)*


**Allergen Awareness** (applies to all food establishments that cook, prepare or serve food intended for immediate consumption on or off the premises)

Food Allergen poster and menu advisory requirements in place? (check one)       Yes       No  
[in accordance with 105 CMR 590.009(G)]

Food Allergen Awareness Training Certificate(s) obtained? (check one)       Yes       No  
[in accordance with 105 CMR 590.009(G)]



Person trained in Anti-Choking (if 25 seats or more)  Yes  No

[in accordance with 105 CMR 590.009(E)]

Pest Control Service: Frequency of service:  weekly  bi-monthly  monthly

Contractor's name: \_\_\_\_\_ Telephone number \_\_\_\_\_

**PLEASE READ AND CHECK-OFF THE FOLLOWING:**

I attest to the accuracy of the information contained in this application and affirm that I will comply with 105 CMR 590.000 and all other applicable laws and allow the regulatory authority access to the establishment as specified under §8-402.11 of the 1999 Federal Food Code, and to the records specified under §3-203.12, §5-205.13 and Subparagraph 8-201.14 (D)(6) of the 1999 Federal Food Code as well as any other information required by that authority.

I also acknowledge that providing false or misleading statements to the Board of Health or its agents shall constitute full and adequate grounds to suspend a permit [as specified in 105 CMR 590.014(B)(1)(c)] or to refuse to issue a license [as specified in 105 CMR 590.012(H)(2)(d)].

I also attest that I have read and understand MGL Title XV, Ch.94C, Sec.32-I, relating to drug paraphernalia <http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXV/Chapter94c/Section32i> Fall River City Ordinance 2012-29, relating to bath salts and synthetic marijuana possession distribution and display <http://library.municode.com/index.aspx?clientId=14774> and MA Food Code 590.000 sections 590.014(B)(C)

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

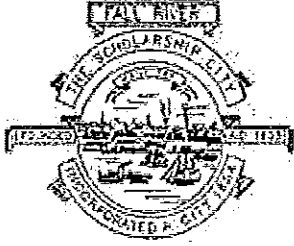
*For office use only:*

Tax Certification complete

Approval to issue license

Initials \_\_\_\_\_

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



**CITY OF FALL RIVER**

**FALL RIVER CODE SECTION 14-4 CERTIFICATION**

Section 14-4 of the Fall River Code of Ordinances provides that the City may deny, revoke or suspend any municipal license or permit held or applied for by a person or entity that has neglected or refused to pay any municipal taxes, assessment, fees or charges or for an activity which will take place in or on a property owned by person or entity who has neglected or refused to pay any municipal taxes, assessment, fees or charges. Any person or entity intending to apply for a municipal license or permit or to renew a municipal license or permit may use this form to obtain a certification that they have complied with Section 14-4.

**APPLICATION INFORMATION**

Applicant's Name:	
Applicant's Address:	
Parcel ID:	
Email Address:	
Contact Telephone #:	

**LOCATION INFORMATION**

If licensed activity will take place in specific location, please provide:

Name of Owner/Landlord:	
Location Address:	
Location Parcel ID#:	

Are you applying for an inspection certificate in conjunction with the sale of the real estate?

Yes  No

**FOR OFFICIAL USE ONLY**

Date Received:	Certified:	Denied:
Dated:	Reviewed By:	
Valid for 30 days unless June, July, August of any fiscal year.	Idalina Geraldles City Collector	

**NOTICE**

*Issuance of Certification is not receipt of payment or proof that taxpayer is current with taxes, assessment, fees or charges; rather it is authorization to issue licenses or permits under Section 14-4 of the Fall River Code of Ordinances*



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 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 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 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
Office of Investigations  
1 Congress Street, Suite 100  
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 7406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)