TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
Rockland, Massachusetts 02370

Dear Applicant:

Enclosed is your application for Food Establishment for 2018 which is required each year for consideration. Applications must be filed with the Board of Health Office by **December 08, 2017**.

Please provide the following documents:

- Completed Workers' Compensation Affidavit
- Certificate of General Liability Insurance
- Certificate of Workers Comp Liability
- Check made payable to the Town of Rockland in the appropriate amount
- Copy of Food Service Manager Certification
- Copy of Food Allergen Awareness Certificate:

It is important the applicant signs and completes all sections of application, incomplete applications will be returned. Any business that has not secured their permits by **December 31, 2017** will be considered "***Out of Business***", operating without a license and must start the entire process of submitting plans and filing a new application to operate a Food Establishment in the Town of Rockland. ***NO Exceptions***

Thank you for your prompt attention to this matter. If you have any questions, please contact me at (781) 616-6815

Sincerely,

Delshaune R. Flipp
Sr. Assistant

TOWN OF ROCKLAND

Board of Health

Town Hall
242 Union Street
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2018 application for Permit to Operate a Food Establishment

Date: _____ **FID #:** _____

Legal Business Name: _____

DBA: _____

Business Address: _____

Mailing address: _____

Name of Owner: _____

Address of Owner: _____

Phone #: B: _____ **C:** _____ **H:** _____

Email Address: _____

If Corporation or Partnership provide Name, Title & Address

Name: _____ **Title:** _____

Address: _____

State of Incorporation

Name: _____ **Title:** _____

Address: _____

Type of Establishment	Fee	Amount to be paid
Food Service: 0 – 50 Seats	$ 100.00	$_____
Food Service: 51 – 75 Seats	$ 125.00	$_____
Food Service: Over 75 Seats	$ 150.00	$_____
Retail Food	$ 125.00	$_____
**Mobile Food	$ 100.00	$_____
Residential	$ 100.00	$_____
Catering (Annual)	$ 125.00	$_____
Catering (One Day)	$ 50.00	$_____
Soft Serve Ice Cream	50.00	$_____
Milk	$ 10.00	$_____

Applicant's Signature _____

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 #:**_____