Food Establishment
Plan Review Application

Marlborough Health Department

Name of Establishment: _____

Address of Establishment: _____

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days upon submission of said plans. This thirty-day (30) time period begins when a **complete application** has been submitted to the Health Department.

In the event a denial letter is issued, you will be required to respond within 5 days to the attention of the Marlborough Health Department. All responses are to be submitted in writing.

I, _____, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date

NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT

For Office Use Only:

Complete Plan Review Application Accepted by Health Department Date:
Reviewer's Signature

FOOD PLAN REVIEW PROCEDURES

Steps you must follow for a Plan Review

1.) Schedule appointment to review the Plan Review Packet with a Sanitarian.

2.) Submit a completed packet with the appropriate fee according to the type of work you will be doing.

- **Fee of $150.00 for a New Establishment**
- **Fee of $75.00 for a Renovation/Remodel**
- **Fee of $50.00 for a Special Process Plan**

3.) Construction, Renovation or Equipment addition <u>does not take place until an "approval letter" is issued from the Health Department.</u>

4.) Sanitarian makes weekly site visits to monitor progress.

5.) Submit the Food Permit Application and applicable fees to the Health Department prior to requesting a pre-operational inspection.

6.) At the completion of the Construction, Renovation or Equipment addition, contact the Marlborough Health Department to request a pre-operational inspection.

7.) Upon completion of a successful pre-operational inspection, a Temporary Permit will be issued. The Temporary Permit will expire after the monthly Board of Health meeting is completed and your annual permit is approved.

8.) A Food Establishment Food Permit will be issued which expires at the end of the calendar year for all establishments that have successfully completed the Plan Review Process.

CITY OF MARLBOROUGH
BOARD OF HEALTH
140 MAIN STREET, LOWER LEVEL,
MARLBOROUGH, MA 01752
508-460-3751 ** FAX 508-460-3625

Choke Saver Programs

105 CMR 590.009(E) required that all food service establishments containing (25) twenty-five seats or more must have a person certified in choke saving on premises when food is being sold.

> "Pursuant to M.G.L. c. 94, Section 305D, each food service establishment having a seating capacity of 25 persons or more shall: (1) Have on premises, while food is being served, an employee trained in manual procedures approved by the Department to remove food lodged in a person's throat; and (2) Make adequate provision for insurance to cover employees trained in rendering such assistance."

1. **American Heart Association**
   CPR 877-242-4277 www.americanheart.org/cpr

2. **Technical Medical Training Center/Burlington**
   Bill Devereaux 781-272-5369

3. **Red Cross Boston**
   617-375-0700 http://www.redcross.org/ma/boston

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FOOD ESTABLISHMENT PERMIT APPLICATION
FOR NEW & REMODELED ESTABLISHMENTS

Name of Establishment _____
Business Phone # _____
Business Address _____
Mailing Address (if different) _____
Name & Title of Applicant _____
Address of Applicant _____
If corporation or partnership, give title, name & address of officers or partners:

Name	Title	Address & Telephone #

Type of Permit: Fee to be submitted prior to issuance of license. Allow two working days for processing.

	Fee	Amount Due
RETAIL FOOD		
Under 1,500 Sq. ft.	$125.00	_____
1500 - 4000 Sq. ft.	$175.00	_____
4001 - 5000 Sq. ft.	$275.00	_____
FOOD SERVICE		
Seats 0-49	$200.00	_____
Seats 50 & over	$300.00	_____
Schools	$ NC	_____
Non-Profit	$ NC	_____
CATERERS		
Marlborough Catering Establishments	$125.00	_____
MOBILE FOOD / PER TRUCK	$ 75.00	_____
BAKERY (Under 3,000 Sq. ft.)	$150.00	_____
(Over 3,000 Sq. ft.)	$200.00	_____
FROZEN DESSERT MANUFACTURE	$ 25.00	_____
RE-INSPECTION FEE (Violations uncorrected/2nd re-inspection)	$ 75.00	_____

Number of seats _____

Number of square feet _____

Days and Hours of Operations: _____

EMERGENCY INFORMATION

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

NAME OF BUSINESS OR COMPANY _____

NAME OR OWNER AND/OR MANAGER _____

_____

ADDRESS _____

TELEPHONE# (OFFICE) _____

TELEPHONE # (EVENING/24 HOUR) _____

1st Alternate Contact _____

Home Address _____

Home Telephone #_____

Person in Charge (PIC)_____

Alternate Person in Charge (PIC)_____

Alternate Person in Charge (PIC)_____

Certified Food Protection Manager)_____

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.

Federal ID:_____

Signature of Individual or Corporate Name:_____

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.

Signature _____ Date _____

CITY OF MARLBOROUGH
BOARD OF HEALTH

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Tobacco Products Sales and Location Permit Checklist

This form must be completed by the owner/operator of the establishment applying for a permit for location and sales of tobacco products.

1) I have read and I understand all sections of the Marlborough Board of Health regulation concerning Youth Access to Tobacco Products..... _____ Initials

2) I understand that it is against the law to sell cigarettes or any tobacco product to anyone under the age of 21 years, regardless how old the person looks..... _____ Initials

3) I understand that the Board of Health regulation, and State and Federal law require businesses to establish positive proof of age before selling tobacco to any customer under 27 years of age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age..... _____ Initials

4) I understand that the owner/operator of a business holding a tobacco sales permit will be responsible for all violations of the Marlborough Board of Health regulations controlling the sale of tobacco products..... _____ Initials

5) I understand that the City of Marlborough Board of Health Tobacco Control Program (MTCP) will conduct unannounced compliance checks of my business to ensure that minors are unable to purchase tobacco from my business. This means:
   a) MTCP will send minors into my establishment to attempt to purchase tobacco.
   b) These minors may or may not look 21 years of age..... _____ Initials

6) I understand that other government agencies, such as the Food and Drug Administration or the State Attorney General's Office, may conduct additional compliance checks of my place of business..... _____ Initials

7) I understand that if I am caught selling tobacco to minors, I will be issued a citation pursuant to the Board of Health regulation. If I am repeatedly cited, I will be called for a hearing before the Marlborough Board of Health to show cause as to why my permit should not be suspended..... _____ Initials

By signing this form I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions as well as all the requirements of the Marlborough Board of Health Youth Access to Tobacco Products regulation may jeopardize my permit for Location and Sales of Tobacco Products.

_____ _____
Owner/Operator Date

CITY OF MARLBOROUGH
BOARD OF HEALTH
140 MAIN STREET, LOWER LEVEL
MARLBOROUGH, MA 01752
508-460-3751 *** FAX 508-460-3625

APPLICATION FOR TOBACCO SALES & LOCATION PERMIT

DATE:_____

One hundred dollar ($100.00) Fee
Non-refundable

1. _____
NAME OF ESTABLISHMENT APPLYING

2. _____
ADDRESS OF ESTABLISHMENT

3. TYPE OF BUSINESS

Grocery Store_____ Liquor Store_____
Convenience Store_____ Pharmacy_____
Gas & MiniMart_____ Restaurant_____
Gas only_____ Bar/Tavern_____
Other (Describe)_____

4. _____
NAME OF ESTABLISHMENT'S OWNER

5. _____
ADDRESS OF OWNER

6. HOME PHONE:_____ BUSINESS PHONE:_____

7. _____
NAME OF MANAGER (If Different From Above)

8. _____
MA DEPARTMENT OF REVENUE TOBACCO SALES PERMIT NUMBER

Pursuant to M.G.L. Chapter 62 C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

_____ _____
Federal ID Number Signature of Individual or Corporate Officer

INFORMATION NEEDED BEFORE WORK CAN BEGIN

1. Completed Food Establishment Plan Review Application

2. Include the following items with the completed application:

____ a) Floor plan to scale (inside establishment): Show location of all floor mounted and table mounted equipment to determine food flow

____ b) Site plan (outside establishment) showing the location of equipment & trash storage

____ c) Manufacturer's Specification Sheet(s) for all equipment (indicate locations on floor plan)

____ d) Certified Food Protection Manager Information

____ e) Allergen Awareness Certificate (establishments' that cook, prepare, or serve food intended for immediate consumption either on or off the premises)

____ f) Choke Saver Certificate/First Aid Training (for establishments with more than 25 seats)

____ g) Person in Charge Training

____ h) Menu (Must include consumer advisory clause and allergy awareness clause)

____ i) Check for plan review fee (non-refundable) made out to "City of Marlborough"

____ j) Signed contract and an IPM plan with a licensed pest control company

____ k) Signed contract with a licensed offal hauler to remove grease from the establishment

3. Tobacco Sales & Location Permit required if tobacco is to be sold.
   Do you wish to apply for this permit? Yes ☐ No ☐

4. Letter from Health Department approving the submitted application and plan. The letter will allow work to begin. No work can begin without this letter.

Please call Marlborough Health Department with questions: 508-460-3751.

MARLBOROUGH HEALTH DEPARTMENT
CITY DEPARTMENTS

I, _____, the applicant for the following food establishment acknowledge that I have visited each of the following departments and have notified each department that I am applying through the Health Department to operate a food establishment. I agree to comply with all requirements of the City of Marlborough and of each department.

- **Police (508) 485-1212) 355 Bolton Street**
- **Fire Department (508-624-6986) 215 Maple Street**
- **Zoning (508-460-3768) Marlborough City Hall, 140 Main St.**
- **Plumbing Inspector (508-460-3728) Marlborough City Hall, 140 Main St.**
- **Wiring Inspector (508-460-3727) Marlborough City Hall, 140 Main Street**
- **Building Inspector (508-460-3776) Marlborough City Hall, 140 Main Street**

FOOD ESTABLISHMENT INFORMATION

Days & Hours of operation: _____

Number of food employees: _____

Name of Certified Food Protection Manager: _____

Name of person(s) trained in choke saver procedures (one per shift if over 25 seats):
_____

Location (permanent structure or mobile): _____

Length of Permit (annual or seasonal with dates of season): _____

Food Operations (Check all that apply):

- ☐ Retail Sale of Commercially Pre-packaged Non-PHF's
- ☐ Retail Sale of Commercially Pre-packaged PHF's
- ☐ Preparation of PHFs for eat in or take out (CFPM required)
- ☐ Offers RTE PHFs in Bulk Quantities (CFPM required)
- ☐ PHFs Cooked to Order or Served Raw or Under Cooked (Consumer Advisory required)
- ☐ Preparation of Food/Single Meals for Catered Event (CFPM required)
- ☐ Preparation of Non-PHF's (coffee, hot dogs)
- ☐ Foods cooked in advanced and cooled

Use of a Process Requiring a Variance and/or HACCP Plan:

- ☐ Use of Un-pasteurized Shell Eggs Prepared for Highly Susceptible Population (variance & HACCP Plan needed)
- ☐ Use of food additives for preservation (i.e. Acidification of sushi) (variance & HACCP Plan needed)
- ☐ Smoking for Preservation (variance & HACCP Plan needed)
- ☐ Curing (variance & HACCP Plan needed)
- ☐ Custom Processing of Animals (variance & HACCP Plan needed)
- ☐ Molluscan Shellfish Tanks (variance & HACCP Plan needed)
- ☐ Reduced Oxygen Packaging with Barriers (ROP, Vacuum Packaging and cook/chill)

- ☐ Time as a Public Health Control (variance & HACCP Plan needed)

Definitions:

PHF – potentially hazardous food (time/temperature controls required)
Non-PHF – non-potentially hazardous food (no time/temperature controls required)
RTE – ready-to-eat foods (ex. sandwiches, salads, muffins, French fries. etc. which need no further processing)
Highly Susceptible Population (HSP) - A group of persons who are more likely than other populations to experience food borne disease because they are immune-compromised, or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home, or children in day care or elementary school.
CFPM – Certified Food Protection Manager
Consumer Advisory – Written information concerning the safety of raw or undercooked food (see following page)
HACCP Plan (Hazard Analysis Critical Control Point Plan) – Written document delineating HACCP principles in use
Variance – Written document issued by the Board of Health

Consumer Advisory Requirements

Please refer to your submitted menu and list items that will/may be raw, undercooked (not cooked to minimum cooking temperatures) or not otherwise processed to eliminate pathogens. Also list Ready-To-Eat foods that will/may contain raw or undercooked ingredients **(ex. Caesar dressing, hollandaise sauce, burgers, eggs, drinks/desserts containing raw egg white)**

Please note that these foods must be properly identified on your menu as raw or undercooked or as containing raw or undercooked ingredients, and the approved **Consumer Advisory** statement must be plainly printed (11 point font minimum) on your menu(s) and/or menu board warning customers of the increased risk of illness with eating raw or undercooked animal foods.

Ex.:

*Sushi Roll (containing raw tuna)
California Roll
*Grilled salmon
Cheese Pizza
Salad with your choice of grilled chicken or *steak tips

(1) identify menu items containing raw or undercooked animal proteins with asterisk(*)

The following statements are to be included on all applicable menus, no smaller than an 11 point font.

(2) define what the asterisk means

*These menu items are served raw or undercooked, or contain raw or undercooked ingredients

(3) approved statement reminding consumers of the risks associated with raw or undercooked animal foods.

***Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.**

Allergy Awareness Requirements

1 105 CMR 590.009(G)(3)(a) – by February 1, 2011 such food establishments [establishments that cook, prepare, or serve food intended for immediate consumption either on or off premises] shall have on staff a certified food protection manager who has been issued a Massachusetts certificate of allergen awareness training by an allergen awareness training verification program recognized by the Department. The certificate will be valid for 5 years.

Please include Allergy Awareness Clause in the menu.

SPECIFICATIONS (physical facility and equipment)
Applicant: Please Check Appropriate Boxes

A. Finish Schedule

Complete the following chart by: Providing the type of building material used in the construction of the floor covering, walls and ceiling for the kitchen area, ware wash area, food storage area, bathroom and dressing room**.**

- Here are some common types of building material: (i.e. quarry tile, stainless steel, 4 inch plastic covered molding, FRP (fiber-reinforced paneling).

- Note that ceiling, walls and floors must be finished to facilitate cleaning. All studs, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.

	Floor	Coving	Walls	Ceiling	**Reviewers Comments** Acceptable	Not Acceptable
Kitchen Area (Cook/Prep)						
Ware washing Area						
Food Storage Area						
Other Storage Area						
Bathrooms						
Dressing Rooms						

B. Insect and Rodent Harborage

	Reviewers Comments Acceptable	Not Acceptable
Describe method of keeping area around building free of unnecessary brush, litter, boxes or other harborage		

C. Garbage and Refuse

	Yes	No	N/A	Reviewers Comments: Acceptable	Reviewers Comments: Not Acceptable
Do all containers have lids?					
Will refuse be stored inside? If so, where?_____					
Will any cans be stored outside If so, where?_____					
Will a dumpster be used? Number _____ Size_____ Frequency of pick-up _____ Contractor _____ Describe the surface on which dumpster/compactor/cans are to be stored _____					
Will composting be done? If so, where will it be stored?					

D. Hand Washing Facilities

Soap dispensers (wall mounted or individual free standing pump dispenser) location and number

_____

Hand drying facilities (paper towels, air blower, etc.) location and number

_____

Waste receptacles in each rest room (Covered receptacle in ladies room.)

_____

Hand wash signage provided

_____

E. Water Supply

Is water supply public? ( ) Private? ( )
If private, has source been approved? Yes ( ) No ( )

**** Please attach a copy of written approval.****

Is ice made on premises ( ) or purchased commercially ( )?
If on premises, are specifications of machines enclosed? Yes ( ) No ( )

Reviewer's Comments **Acceptable** ☐ **Not Acceptable** ☐

_____

F. Sewage Disposal

Is building connected to municipal sewer? Yes ( ) No ( )
If no, has private disposal system been approved? Yes ( ) No ( )
**** Please attach a copy of written approval.****

Reviewer's Comments **Acceptable** ( ) **Not Acceptable** ( )

_____

G. Dressing Rooms

Are separate dressing rooms provided? Yes ( ) No ( )
Describe storage facilities for employees' personal belongings (i.e. purse, coat, boots umbrellas, etc.)

_____
_____
_____

Reviewer's Comments **Acceptable** ( ) **Not Acceptable** ( )

_____

H. General

Describe storage method and storage location for the following:
Detergents _____ Sanitizers _____
Cleaning agents _____ First-aid supplies _____
Insecticides/rodenticides _____
Are all containers of toxins, including sanitizing spray bottles clearly labeled? Yes ( ) No ( )

Reviewer's Comments **Acceptable** ( ) **Not Acceptable** ( )

_____

I. Laundry/Linen Storage

Are laundry facilities located on premises? Yes ( ) No ( )
If yes, what will be laundered?_____
Is location physically separated from food preparation areas and ware washing? Yes ( ) No ( )
Location of clean linen storage: _____
Location of dirty linen storage:_____

Reviewer's Comments **Acceptable** ( ) **Not Acceptable** ( )

_____

J. Exhaust Hoods

How is the ventilation hood system being cleaned? _____

_____

_____

_____

Reviewer's Comments **Acceptable** ☐ **Not Acceptable** ☐

_____

K. Sinks

Is a separate mopsink present? Yes ( ) No ( )

If no, please describe facility for cleaning of mops and other equipment

_____

Is a separate three compartment sink present with grease trap? Yes ( ) No ( )

Is a separate food preparation sink present? Yes ( ) No ( )

Is a separate handwash sink present in the food preparation area? Yes ( ) No ( )

Reviewer's Comments **Acceptable** ☐ **Not Acceptable** ☐

_____

L. Dishwashing Facilities

Will sinks or dishwasher be used for ware washing?

Dishwasher ( )

Three Compartment Sink ( )

Both ( )

Grease Trap (required with 2 or 3-bay sinks): Location _____

If dishwasher, type:

Hot Water ( )

Chemical ( )

If hot water:

Temperature of wash water _____

Temperature of final rinse _____

Is heater booster provided? Yes ( ) No ( )

If chemical:

Type of chemical _____

Automatic feed Yes ( ) No ( )

If three compartment sink:

Does the largest pot and pan fit in each compartment? Yes ( ) No ( )

Are there drain boards on both ends? Yes ( ) No ( )

What type of sanitizer is used? Chlorine ( ) Iodine ( ) Quaternary Ammonium ( )

**** Please make certain the corresponding test strips are available at the pre-opening inspection.****

Reviewer's Comments **Acceptable** ☐ **Not Acceptable** ☐

_____

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Signature(s) _____

_____ _____

Date Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulations that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

A pre-operational inspection of the establishment with equipment will be necessary to determine if the establishment has been built or remodeled in accordance with the approved plans and specifications and complies the 1999 Federal Food Code and 105CMR 590.000. Once a pre-operational inspection is requested please be aware the Marlborough Health Department has 10 days to schedule/complete the pre-operational inspection. In addition, please be aware food may not be brought onto the premises until a food permit has been issued.

MARLBOROUGH HEALTH DEPARTMENT
APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT
REVIEWER'S COMMENTS

Reviewer's Comments: (Note why any item was "unacceptable.")

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____ _____
Reviewer's Signature Date

_____
Reviewer's Title

Approval: ☐ Date_____

Disapproval: ☐ Date _____

Reason(s) for disapproval:

_____
_____
_____
_____
_____
_____
_____
_____

Marlborough Health Department

TIPS FOR PLAN REVIEW SUCCESS

Or

How to Make the Plan Review Process Go Smoothly & Quickly

- Know the details of what you want to do: menu, floor plan layout, equipment needed, dishwashing needs, trash disposal, insect/rodent control
- Follow all directions
- Fill out all questions
- Have all supporting material (cut sheets, specs, floor plans, etc.)

Remember sinks are essential to any food operation.

Minimum sink requirements for any food establishment preparing any food (from coffee and hotdogs to full meals):

- 1 Bathroom (toilet, sink)
- 1 Hand sink in food prep area
- 1 Mop sink (for floor washing water disposal/ mop rinsing)
- 1 3-bay (or 2-bay) sink for dishwashing (or dishwasher) with Grease Trap
- 1 Prep sink (for filling pots, washing food, etc.)

Minimum sink requirements for any food establishment selling retail only (prepackaged cookies, foods, gum, chips, sodas, ice cream, etc.):

- 1 Bathroom (toilet, hand sink)
- 1 Mop sink (for floor washing water disposal/ mop rinsing)