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### TOWN OF GREAT BARRINGTON MASSACHUSETTS

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BOARD OF HEALT H

(Revised 1/2018)

	<b>TEMPORARY FOOD EVENT &amp; FARMER'S MARKET APPLICATION</b>		
,	Vendor (Establishment) Name:		
-	Temporary Event Location:		
1	Responsible Person or Owner:Telephone #:		
1	Mailing Address for Vendor(Establishment):		
I	Email Address:		
1	Name of Person in Charge of on-site Food Prep:		
I	Dates of Event: Hours of Operation:		
All applications must include the following:			
□ Valid ServSafe and Allergen Awareness Certifications (Food Handler Certification only applicable for			
non-hazardous food prep)			
	☐ Complete menu of food items intended to be served and sold.		
Ι	☐ For all out of town/ State businesses: A 2018 License to Operate (kitchen inspection certification)		
issued by the local or county Board of Health.			
☐ A Worker's Compensation Affidavit Form and Insurance Declaration Page.			
☐ A recent lab report if water used for food prep at the licensed kitchen is a private water supply, the lab			
report must include testing for Total Coliform and E. Coli			
□ \$25.00 fee per day for temporary event permits, \$50.00 for seasonal Farmer's Market permit.			
THINGS TO NOTE:			
=	All applications are due (completed) a minimum of 14 days prior to the event, all late		
	applications will be subject to an additional \$25.00 fee for each week the application is late.		
•	All water used for food prep on site needs to be from a potable water source		
	All outdoor food prep needs to be under overhead protection (tent, pavilion etc.)		
	All ingredients need to be from approved sources.		
	Fire or propane usage must have Fire Department approval prior to event and all tents must have fire		
	retardant label.		
•	All vendors must be equipped with handwashing station and a protective shield for samples.		
-			
5	Signature of Applicant:		



# 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.	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 12 Other 13 their workers' compensation policy information.		
I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.  Insurance Company Name:  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."

#### **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.

#### 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 Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



### TOWN OF GREAT BARRINGTON MASSACHUSETTS

#### HEALTH DEPARTMENT

#### **Guidelines for Temporary Food Vendors**

This temporary food permit is issued based on the following conditions:

#### DOCUMENTS NEEDED FOR EVENT

Your temporary food permit must be conspicuously displayed on site and your certified food-handler certificate should be available at the request of the inspector(s).

#### FOOD AND WATER REQUIREMENTS

- ✓ Only the foods stipulated in your original application for a temporary food establishment and approved by the Health Department may be served/sold/or offered for sampling.
- ✓ Water and Ice MUST BE from an approved source. A recent water test (within 30 days of event) may be required. Water obtained through garden hoses are NOT acceptable.
- ✓ Only mechanical refrigeration or crushed/cubed ice may be used for a cooling medium. Foods shall not come into contact with water or un-drained ice.

#### PROPER TEMPERATURES

- ✓ All potentially hazardous foods such as chicken, meats, prepared vegetables, dairy, etc. must be maintained either above 140 degrees F or below 41 degrees F.
- ✓ A stem type of thermometer that has been properly calibrated must be available for testing potentially hazardous foods on site. The thermometer must be properly cleaned/sanitized before and after use.
- ✓ Refrigerated units must have thermometers in easily readable locations.
- ✓ Food items MUST BE PROTECTED using sneeze guard or equivalent.
- ✓ Warm running water with liquid hand soap and disposable towels for hand washing must be available and set-up prior to food preparation.
- ✓ ALL food handlers shall wash their hands after utilizing the toilet facilities, smoking, eating, changing tasks, and changing gloves or when hands become contaminated.
- ✓ Bare hands may NOT contact ready-to-eat foods. Suitable utensils shall be used such as deli tissue, spatulas, tongs, single-use non-latex gloves, etc.
- People handling the food shall wear clean outer garments, hair restraints, and utilize good hygienic practices.

#### PROTECTION FROM CONTAMINATION

- ✓ All foods, drinks, and condiments shall be handled and stored in a manner that prevents contamination such as using clean, covered containers, and storing equipment and food up off the ground. Trash bags are not to be used for storage
- ✓ All equipment, utensils, containers, etc. shall be in clean, sanitary, condition. Where there are no ware washing facilities available, spare work utensils shall be available.
- ✓ A labeled spray bottle of sanitizer solution prepared at proper concentration must be on site and used on all food contact surfaces, utensils, etc. Proper concentrations should be determined with pH strips and should meet: Chlorine sanitizer: 50 100 ppm.
- ✓ Vendors licensed to sell <u>scooped ice cream</u> must store scoops individually in each tub of ice cream if a potable water source is unavailable for use.
- ✓ **Tent coverage**, at minimum, is required for most outdoor temporary food establishments and is required unless approved prior.
- ✓ Smoking is prohibited within 20 feet of a cart or food storage/service area. Employees must wash their hands thoroughly with soap and water before returning to work.

#### WASTE:

✓ Garbage and refuse shall be disposed of in a satisfactory manner and the premises shall be kept clean at all times.

If any of these conditions are not set-up and maintained, your temporary food permit may be revoked and you may also be ordered to cease operating immediately at the Inspector's discretion.

\*\*\*A copy of these guidelines shall be given with each temporary food permit and shall remain attached to the permit at all times,

## GREAT BARRINGTON HEALTH DEPARTMENT Tips for a Temporary Hand Washing Station

#### You Will Need:

- 1) Insulated water container with a spigot that can stay open (like a coffee urn or Cambro unit). The spigot should not have to be held open by the person to dispense water.
- 2) Liquid soap
- 3) Papertowels
- 4) Container for the waste water
- 5) Container for soiled paper towels and waste.

#### Steps to Set Up the Station:

- 1) Fill the insulated container with warm water. The temperature should be at least  $100^{\circ}$
- 2) Place container for waste water on the ground so it can catch the water after the hands are washed.
- 3) Place liquid soap and paper towels alongside of the insulated container.

