

**APPLICATION FOR TEMPORARY FOOD ESTABLISHMENT PERMIT**

**EVENT INFORMATION:**

Name of the event: \_\_\_\_\_ Date of the Event: \_\_\_\_\_

Event location: \_\_\_\_\_ Event Time: \_\_\_\_\_

**VENDOR INFORMATION:**

Business Name (permit issued to): \_\_\_\_\_

Owner/PIC Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact's Cell: \_\_\_\_\_

Structure: Booth  Mobile Unit  Other (please describe) \_\_\_\_\_

List additional employee names involved in Temporary Food operations: \_\_\_\_\_

1. Will all foods be prepared at the temporary food service booth/mobile unit? Yes  No

If no, where will the food be prepared? \_\_\_\_\_

2. List all foods you will be preparing: \_\_\_\_\_

3. For this event, list all potentially hazardous foods (PHF) and the individual cooking requirements for these foods.

i. \_\_\_\_\_ °F      iv. \_\_\_\_\_ °F

ii. \_\_\_\_\_ °F      v. \_\_\_\_\_ °F

iii. \_\_\_\_\_ °F      vi. \_\_\_\_\_ °F

4. How will the PHF remain 41°F, or below during serving? \_\_\_\_\_

How will the PHF remain 140°F, or above during service? \_\_\_\_\_

What is your corrective action if any Cold PHF is above 41°F or Hot PHF is below 140°F? \_\_\_\_\_

5. Allergy notice is printed on all menus and menu boards? Yes  No

**You must agree to follow all relevant Massachusetts Food Establishment Regulations and the Federal Food Code.**

I agree, as Vendor/Caterer to list and bring, or supply all necessary equipment for food safety for the function. This includes an accurate food thermometer, alcohol wipes, sanitizer solution and test strips, cambro units, chaffing units, utensils and gloves. Bare hand contact with ready-to-eat foods is prohibited.

I agree, as Vendor/Caterer, that all foods shall be thoroughly cooked; chilled ingredients shall be used for all cold dishes; hot food shall be kept at 140°F; cold foods cold at 41°F or below; food shall be protected from dust, flies, and people by covering it. All allergens must be labelled (foods containing milk, dairy, eggs, egg products, fish, shellfish, wheat, soy, peanuts, and tree nuts). All leftovers must be discarded.

I understand and agree that any potentially hazardous food (PHF) that is not being held to temperature shall be discarded after two (2) hours maximum.

I understand that all food handlers will sign a Food Handler/Volunteer Form and bring this form to the event. The form can be found here: <https://ehs.umass.edu/food-handler-volunteer-agreement-form>

Attach a copy of your current food permit from your local Board of Health and your current ServSafe Certificate. The type of foods for the event must be similar to those served at the home base/licensed facility.

If you are using a food establishment not owned or operated by you as a Commissary, attach a memorandum from the food establishment, signed by the owner, stating that you will use the facilities to prepare any food for use on the above dates.

Please attach a copy of your liability insurance covering the time of operation at UMass. (A Certificate of Liability Insurance (CLI) of at least \$1,000,000 minimum is required.) The Temporary/Catering Food Establishment's insurance company can fax Environmental Health and Safety the CLI. The permit holder is the University of Massachusetts, 117 Draper Hall.

Please attach a copy of the Workers Compensation Insurance Affidavit (see below).

**Please note: Environmental Health and Safety (EH&S) may revoke the Temporary/Catering Food Establishment Permit at any time without any prior notice and for any reason.**

**Signing this application indicates that you and your business shall comply with the Massachusetts Regulations for Food Establishments; the Federal Food Code, the above conditions, and the University of Massachusetts EH&S instructions:**

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

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.  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 #:** \_\_\_\_\_

# 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.

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

**FOR OFFICE USE ONLY:**

Number	Fee
University of Massachusetts/Amherst Division of Environmental Health and Safety Amherst, MA 01003	
This is to certify that _____ is granted a <b>Temporary Food Permit</b>	
<b>Event:</b>	_____
<b>For (Food Type):</b>	_____
<b>Date of Event:</b>	_____
<b>Date/Time Expires:</b>	_____
This permit is granted in conformity with Federal, State and the University policies and ordinances relating thereto, and expiring as noted unless sooner suspended or revoked.	
Signature Date: _____	_____
	Alyssa Rusiecki, RS Environmental Health Services - Umass EH&S