



# TOWN OF WATERTOWN

Board of Health

Administration Building  
149 Main Street  
Watertown, MA 02472  
Phone: 617-972-6446  
Fax: 617-972-6499  
www.watertown-ma.gov

## Food Establishment Plan Review Application

### CHANGE IN MENU, EQUIPMENT, OPERATIONS, OR RENOVATIONS

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** when all the paperwork has been submitted to the Health Department.

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

Date \_\_\_\_\_

**NO CHANGE IN MENU, EQUIPMENT, OPERATIONS, OR  
RENOVATION IS PERMITTED IN FOOD ESTABLISHMENTS UNLESS  
APPROVED BY THE HEALTH DEPARTMENT**

<b>For Office Use Only:</b>	
▪ Application Accepted by Health Department Date:	
▪ Initial Review Date:	Complete / Incomplete Application
▪ Application Resubmitted Date:	Complete Application
▪ Application Approval Date:	
Reviewer's Signature:	

## **Required Information to begin Plan Review Process:**

1. Completed Food Establishment Plan Review Application for Change in Menu, Equipment, Operations, or Renovation.
2. Include the following items with the completed application:
  - Floor plan drawn to scale shows location of all equipment to determine food flow
  - Site plan, outside of establishment showing location of all equipment & refuse storage
  - Manufacturer's specification sheet(s) and equipment key for all equipment, all equipment must be NSF, AMSE, or ANSI certified
  - Menu with Consumer Advisory and Food Allergen Awareness, include all new proposed menu items
  - Check for plan review fee (non-refundable) made out to "Town of Watertown"
    - Food Plan Review Fee for Change in Menu, Equipment, or Operations \$ 50.00
    - Food Plan Review Fee for Major Renovations \$100.00
3. Letter from Health Department approving the submitted application for change in menu, equipment, or operations. The letter will allow for change in menu plan, equipment, or operations. No menu changes, equipment changes, or operations changes are allowed without this letter.

**Please call Chief Environmental Health Officer, with questions: 617-972-6446.**

\*Copies of Town regulations may be acquired at the Watertown Health Department & the Town Clerk's Office.

**A preoperational inspection of the proposed equipment, menu changes, or operations will be necessary to determine if it complies with the local and state laws governing food service establishment.**



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## PLAN REVIEW APPLICATION FOR CHANGE OF MENU, EQUIPMENT, OPERATIONS, OR RENOVATION

1) Name of Establishment: \_\_\_\_\_ Date: \_\_\_\_\_

2) Establishment Address: \_\_\_\_\_

3) Establishment Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4) Mailing Address (if different): \_\_\_\_\_

5) Name & Title of Applicant: \_\_\_\_\_ Email: \_\_\_\_\_

6) Address of Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

7) Name of Owner (If different from applicant): \_\_\_\_\_ Email: \_\_\_\_\_

8) Address of Owner (If different from applicant): \_\_\_\_\_

9) Corporate or Partner Name, list information below:

Name	Title	Home Address	Telephone

10) Person(s) directly responsible for daily operations:

Name & Title \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ 24 hr. Emergency Telephone \_\_\_\_\_

11) Name of Certified Food Protection Manager: \_\_\_\_\_ (attach copy of certificate)

12) Employee(s) trained in Allergen Awareness: \_\_\_\_\_ (attach copy of certificate)

13) Employee(s) trained in Anti-Choking Procedures (if 25 seats or more):  Yes  No (attach copy of certificate)

14) Type of Business (check all that apply):

Permit Type	Fee
<input type="checkbox"/> Food Service 0-99 seats	\$ 200.00
<input type="checkbox"/> Food Service greater than 100 seats	\$ 350.00
<input type="checkbox"/> Small Pre-Packaged Non-Potentially Hazardous Foods	\$ 50.00
<input type="checkbox"/> Retail Food less than 10,000 SQ FT	\$ 200.00
<input type="checkbox"/> Retail Food greater than 10,000 SQ FT	\$ 450.00
<input type="checkbox"/> Residential Kitchen	\$ 100.00

Permit Type	Fee
<input type="checkbox"/> Place of Worship and/or Function Hall	\$ 75.00
<input type="checkbox"/> Bakery	\$ 200.00
<input type="checkbox"/> Catering Establishment	\$ 200.00
<input type="checkbox"/> Additional Catering or HACCP Plan with other license fee	\$ 50.00
<input type="checkbox"/> Frozen Dessert Machine	\$ 50.00
<input type="checkbox"/> Frozen Dessert Manufacturer	\$ 200.00

15) Days and Hours of Operation: \_\_\_\_\_

16) Meals to be served (check all that apply):  Breakfast  Lunch  Dinner

17) Number of Square Feet: \_\_\_\_\_ Number of Seats: \_\_\_\_\_

18) Number of Staff (Maximum per shift): \_\_\_\_\_ Number of Food Employees: \_\_\_\_\_

19) Check which applies:  Permanent Structure  Mobile

20) Length of Permit (check which applies):  Annual  Seasonal, write dates of season: \_\_\_\_\_

21) Specify Change In Menu, Equipment or Operations. Indicate type of proposed equipment, location of equipment. Use back page of this sheet if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22) 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 **PHF**'s for eat in or take out (**CFPM** required)
- Offers **RTE PHF** in Bulk Quantities for catering pick up (**CFPM** required)
- PHF**'s Cooked to Order or Served Raw or Undercooked (**CFPM** and **Consumer Advisory** required)
- Preparation of Food/Single Meals for Catered Events (**CFPM** required)
- Preparation of **Non-PHF**'s (coffee, hot dogs)
- Manufacture Frozen Dessert (**CFPM** required)

Type of Operation requiring a Board of Health **Variance** and/or **HACCP Plan** approval:

- Use of unpasteurized shell eggs prepared for highly susceptible population (**variance & HACCP Plan** required)
- Use food additives for preservation (i.e. acidification of sushi rice) (**variance & HACCP Plan** required)
- Smoking for preservation (**variance & HACCP Plan** required)
- Curing (**variance & HACCP Plan** needed)
- Custom processing of animals (**variance & HACCP Plan** required)
- Molluscan shellfish tanks (**variance & HACCP Plan** required)
- Reduced oxygen packaging with barriers – ROP or vacuum packaging (**variance & HACCP Plan** required)
- Time as a Public Health Control (**variance & HACCP Plan** required)
- Preparing and serving raw molluscan shellfish (**HACCP Plan** required)

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

**HACCP Plan (Hazard Analysis Critical Control Point Plan)** – Written document delineating HACCP principles in use

**Variance** – Written document issued by the Board of Health

I, the undersigned attest to the accuracy of the information in the application and I affirm that the food operation will comply with 105 CMR 590.000 and all other applicable laws. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code. **Pursuant to MGL Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.**

\_\_\_\_\_  
Federal Identification Number

\_\_\_\_\_  
Signature of Individual or Corporate Officer

\_\_\_\_\_  
Date

