



## 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](http://www.watertown-ma.gov)

Larry Ramdin, MPH, REHS, CHO, CP-FS  
Director of Public Health

### ***2021 RENEWAL APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT***

Dear Applicant:

Please find enclosed your 2021 Renewal Application for Permit to Operate a Food Establishment. It is required that you complete the attached application and return to the Health Department with the following documentation to renew your Permit to Operate a Food Establishment:

- Completed Application for Permit to Operate a Food Establishment including a valid email address
- Completed Worker's Compensation Insurance Affidavit
- Current ServSafe or Certified Food Protection Manager Certificate
- Current Choke Saver Certificate (Food Establishments with 25 or more seats)
- Current Food Allergen Certificate
- Correct Permit Fee(s), checks payable to "Town of Watertown", see application.

Completed applications and all supporting documentation must be received **prior to November 30, 2020**. A late fee of **fifty dollars (\$50.00)** will be assessed for non-submittal of all applications and/or incomplete application packets received after November 30, 2020. Please note that any missing information may cause a delay in the permit renewal process. You are not allowed to operate your Food Establishment without a valid permit.

The Health Department office hours are Monday – Friday, 8:30 AM – 5:00 PM.

We are in the process of transitioning to electronic permitting and inspection reports. We are requesting that you provide a valid email address with this application to receive permitting information, inspection reports, and correspondence from the Health Department.

Thank you for your attention to this matter and your anticipated compliance. Should you have any questions please contact this office at (617) 972-6446.

Sincerely,

Larry Ramdin, MPH, MA, REHS, CP-FS  
Director of Public Health



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## **2021 RENEWAL APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT**

- 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

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

Residential Kitchen \$ 100.00

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) Indicate type of proposed food operations. Use back page of this sheet if necessary.

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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 (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 with 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