

CANTON BOARD OF HEALTH  
79 PLEASANT STREET, CANTON, MA 02021  
Phone #: (781) 821-5021; Fax#: 781 821 0337

APPLICATION FOR A PERMIT TO OPERATE A  
FOOD ESTABLISHMENT

ESTABLISHMENT: Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town, State, Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_

OWNER MAILING ADDRESS

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town, State, Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_

APPLICANT: Name & Title: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town, State, Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_

If a CORPORATION or PARTNERSHIP, give the name, address and telephone number of Local Agent:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town, State, Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

EMERGENCY RESPONSE

PERSON: \_\_\_\_\_ Phone: \_\_\_\_\_

DURATION OF PERMIT: \_\_\_ ANNUAL; \_\_\_ TEMPORARY; \_\_\_ SEASONAL

TYPE OF ESTABLISHMENT

\_\_\_ \*RETAIL FOOD \_\_\_ \$50.00 - 1<sup>st</sup> 1000 Sq. Ft.;  
(Prepackaged Foods) \_\_\_ Plus \$10.00 for each additional 1000 Sq. Ft.  
Total Retail Food Fee(s) \$ \_\_\_\_\_.

\_\_\_ \*FOOD SERVICE \_\_\_ \$60.00 for 0-50 Seats; \_\_\_ \$100.00 for 51-100 Seats;  
\_\_\_ \$150.00 for Greater than 100 Seats

\_\_\_ \*CATERING \_\_\_ \$75.00

\_\_\_ \*BAKERY \_\_\_ \$75.00

\* Businesses that require related permits, in the above listed categories, are covered by the highest fee category.

\_\_\_ CATERING – Out of Town Caterer \$10.00 per function, per location (\$100.00 Cap/Location/Year)

\_\_\_ MOBILE FOOD \$60.00

\_\_\_ FUNCTION KITCHEN \$50.00

\_\_\_ FROZEN DESSERT MACHINE \$50.00

\_\_\_ SLUSH MACHINE \$10.00 (At Retail Level)

\_\_\_ MILK & CREAM STORE \$ 5.00

\_\_\_ MILK & CREAM VEHICLE \$ 5.00 (Renewal every 5 years)

\_\_\_ MANUFACTURING OF FROZEN DESERTS/ICE CREAM \$200.00

\_\_\_ PLAN REVIEW FEE (For new business only) \$50.00

TOTAL DUE: \$ \_\_\_\_\_

APPLICATION FOR PERMIT TO OPERATE A FOOD ESTABLISHMENT (CONT'D)

ADDITIONAL INFORMATION:

WATER SOURCE:  Town  Private Well  
 WASTEWATER: TOWN SEWER:  Yes  No

TIMES OF OPERATION

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAYS:							
HOURS:							

DATES OF OPERATION, IF NOT ANNUAL: From \_\_\_\_\_ To \_\_\_\_\_

IF RESTAURANT OR BAR, NUMBER OF SEATS: \_\_\_\_\_

NUMBER OF PERSONS TRAINED IN ANTI-CHOKING PROCEDURES \_\_\_\_\_

WILL AT LEAST ONE PERSON IN CHARGE (PIC) BE ON THE PREMISES AT ALL TIMES WHO IS CERTIFIED IN SAFE FOOD HANDLING FROM A STATE SANCTIONED FOOD SAFETY PROGRAM:  YES  NO (IF NO, A PERMIT SHALL NOT BE ISSUED)

I hereby certify that all of the information contained herein is true and accurate to the best of my knowledge and belief. I also certify that I will notify the Canton Board or Health should any information contained herein change, be modified or found to be inaccurate. I hereby certify that I am familiar with, and agree to conduct business in this establishment in accordance with, the Federal Food Code and 105 CMR 590.000.

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER: \_\_\_\_\_

DO YOU SELL TOBACCO PRODUCTS?  YES  NO If Yes, a Tobacco Vending permit is required.

PAYMENT IS DUE WITH THE APPLICATION. MAKE CHECKS PAYBLE TO THE "Town of Canton"  
CASH IS NOT ACCEPTED. LICENSING PERIOD: JANUARY 1 through DECEMBER 31 UNLESS OTHERWISE STIPULATED IN PERMIT.

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

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED: \_\_\_\_\_

DATE OF PRELIMINARY INSPECTION: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

PERMIT ISSUED:  YES  NO

ADDITIONAL INFORMATION/FORM(S) TO BE SUBMITTED WITH THE COMPLETED  
“Application for a Permit to Operate a Food Establishment”:

“WORKER’S COMPENSATION INSURANCE AFFIDAVIT: GENERAL BUSINESSES form.

The Commonwealth of Massachusetts, Department of Industrial Accidents, Office of Investigations “Workers’ Compensation Insurance Affidavit: General Businesses”. This form can be downloaded from the following web site address:

[www.mass.gov/dia](http://www.mass.gov/dia). Once you reach the Department of Industrial Accidents home page select from the “Department Publications” section; “Unnumbered Forms, then select “Affidavit for General Business”.

Form must be completed and submitted to the Canton Board of Health with a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date).

FOOD ESTABLISHMENTS - Please forward to the Canton Board of Health Office the following documents:

-Application for a Permit to Operate a Food Establishment. Must be complete and submitted to the Canton Board of Health with a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date). If a specific item within the application is not applicable write “NA”. Signature is required on Page 2.

-Copy of pest/insect control contract – minimum treatment once per month and as needed.

-A to-scale floor plan showing layout of establishment. To include locations of hand washing sink, mop sink, food preparation areas, refrigeration and kitchen equipment, dining room, etc.

-Copy of Safe Food Handling Certifications. All PICs (Persons in Charge) must have safe food handling certification

-Permit Fee(s): Make check payable to the “Town of Canton”.

Pre-opening inspection(s) need to be scheduled with the Canton Board of Health and performed by the Canton Board of Health before any establishment actually opens for business.

MEETING LOCATION & DATES for Canton Board of Health:

Meetings take place at Town Hall, Salah Meeting Room, 801 Washington Street, Canton, MA 02021 @ 7:00 pm.

Presently meetings have been scheduled for the following Monday evenings in 2006. February 13, March 6, April 3, May 8, June 5, 2006. Please have your package/paperwork submitted to the Canton Board of Health, Pequitside Farm, 79 Pleasant Street by the Wednesday before the posted meeting dates.

The Canton Board of Health reserves the right to adjust meeting date(s) as needed. Please contact the Canton Board of Health office a few days before the scheduled meeting to ensure the meeting will be taking place.

You may contact the Canton Board of Health at (781) 821-5021, FAX#: (781) 821-0337.

Office Hours: Monday – Friday 8 am – 4pm.

Canton Board of Health

Pequitside Farm

79 Pleasant Street

Canton, MA 02021

THE FOLLOWING CANTON BOARD OF HEALTH REGULATIONS ARE AND/OR CAN BE RELATED TO FOOD SERVICE ESTABLISHMENTS: 3.2, 3.3, 6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7:

**CANTON BOARD OF HEALTH REGULATIONS**

**3.2 GREASE TRAPS 2/24/1997**

**Section 1: INSTALLATION**

1. In every case where any new business is applying for a Food Permit, including Bakeries, Catering Establishments, Food Service and Retail Food, or an existing permitted food establishment undergoes kitchen renovations, a suitable grease trap must be installed.

2. In existing establishments holding a valid Board of Health Food Permit, any time a problem arises the Board of Health will review the situation and may require the installation of a suitable grease trap.

**Section 2: SIZE**

1. All grease traps for new facilities must be a minimum of 1000 gallons.

2. All requests for sizing variances must be in writing and accompanied by kitchen flow calculations supporting an alternate size and location.

**Section 3: LOCATION**

1. Grease traps for new facilities must be located outside the establishment and installed in the ground so that the grease trap is in an accessible area as part of, but separate from, the establishment structure.

2. A separate sewer line for kitchen waste must be installed to ensure that only kitchen waste moves through the grease trap; black and other grey water waste should exit the building in a separate sewer line so as not to move through the grease trap.

3. Any variance request for an exterior grease trap must be in writing and approved by the Board of Health.

**Section 4: MAINTENANCE**

1. All grease traps, including exterior and interior, must be inspected at least monthly and cleaned when the level of grease is 25% of the effective depth of the grease trap or every three months, whichever comes first.

2. In a convenient location in each establishment with an interior or exterior grease trap, a log sheet must be posted. The log sheet must include the date of inspection, the inspectors initials, the date of cleaning, and the cleaners initials or firm name.

All records must be kept for one year and must be made available to the Board of Health or its Agent upon request.

**Section 5: OTHER**

All requirements for Grease Traps set forth in DEP Regulations, 310 CMR 15.00, Title V, must be met.

**CANTON BOARD OF HEALTH REGULATIONS**

**3.3 REQUIRING GARBAGE DISPOSERS IN DWELLINGS AND FOOD PREPARATION ROOMS IN SEWERED AREAS OF THE TOWN 2/24/97**

**Section 1:** From and after the effective date of this section all new buildings, and all buildings remodeled or altered which are designed, equipped and used for storing or sheltering food or food stuffs for human consumption, including fruits, vegetables and meats which are to be sold either at retail stores, clubs, hotels and restaurants, schools or other food establishments, or at wholesale, or which are prepared at food manufacturing or processing plants, whether such places of business are licensed under the provisions of any Town ordinance or not, and all buildings where food for human consumption is prepared, sold, handled, stored or served in any manner whatsoever, shall be equipped with an appropriate type of garbage grinder, properly connected to the kitchen sink or sewer drain, which grinder and connections shall be of sufficient size to grind all garbage and food processing wastes produced in such buildings, and shall be suitably located so as to discharge such ground material by flushing it with water through the drain pipes into the sewer; provided, however, that if in operating any business as herein described, packaged or canned food are not opened on the premises, a garbage grinder for such canned and packaged food shall not be required.

**Section 2: INSTALLATION OF GARBAGE GRINDER**

All dwellings constructed or remodeled and all new or remodeled restaurants or other permanent commercial-type buildings containing kitchen or food preparation rooms shall provide an approved mechanically operated grinder for each family unit, restaurant, food preparation room or kitchen.

SUCH GARBAGE GRINDER SHALL BE SO DESIGNED:

1. That it will operate by a switch or with water flowing into the grinder and through the sink drain line.
2. That it shall discharge wastes at a reasonably uniform rate, in fluid form which shall flow readily through an approved trap, drain line or soil line in a manner which will prevent clogging or stoppage of drain line.
3. That it shall be of such construction and have such operation characteristics that at least 40% of all material discharged from it shall pass a No. 3 sieve, and 100% shall pass a 1/2 inch screen.
4. That it shall be self-scouring, with no fouling surfaces to cause That it shall be free from electrical or mechanical hazards.
6. The final decision as to the sufficiency of the designs to meet these requirements shall rest with the Canton Board of Health.

**CANTON BOARD OF HEALTH REGULATIONS**

**6.1 FEES PERMITS, LICENSES AND SERVICES**

Section 1: The following permits and licenses are issued by the Board of Health and shall be renewed each year, unless otherwise noted. The listed fees for said permits and licenses shall accompany the application for each permit and license. Services provided by the Board of Health are also noted and payment is due prior to or at the time of service.

Those businesses that fail to renew an annual permit by their expiration date will be required to pay a 50% increase of the original fee.

**1. FOOD PERMITS, LICENSES AND SERVICES**

*	Bakery	75.00	
	Bottled Water	12.50	(State)
		12.50	(Town)
*	Catering	75.00	
	Catering Out of Town Caterer	10.00	Per function per location
		[100.00	cap per location per year]
*	Food Service	60.00	0- 50 seats
		100.00	51 100 seats
		150.00	>100 seats
	Frozen Dessert Machine	50.00	At retail level
	Function Kitchen	50.00	
	Manufacturing of Frozen		
	Desserts/Ice Cream	200.00	
	Milk & Cream Store	5.00	
	Milk & Cream Vehicle	5.00	Renewable every 5 years
	Mobile Food	60.00	
	Pasteurization of Milk	10.00	
	Plan Review	50.00	
*	Retail Food	50.00	1st 1000 square feet
		10.00	Each additional 1000
			square feet
	Slush Machine	10.00	At retail level
	Temporary Food Event	25.00	Events less than 2
			weeks in duration

\* Businesses that require related permits are covered by the highest fee category; multiple permit fees are not required.

**2. GENERAL PERMITS, LICENSES AND SERVICES**

	Disposal Works Construction	100.00	
	Disposal Works Installer	50.00	
	Funeral Director	50.00	Per establishment/Expire 4/30
	Haul Offal or Garbage	100.00	Per truck

**CANTON BOARD OF HEALTH REGULATIONS**

**6.1 FEES, PERMITS, LICENSES AND SERVICES**

**GENERAL PERMITS, LICENSES AND SERVICES continued**

Ice Rink	10.00	
Keeping of Animals	0	expires 6/30
Percolation Test Witnessing/ Deep Hole Observations/ Groundwater Determinations	50.00	Per hour
Remove/Fill Septic System	50.00	
Riding Stable	50.00	
Sell Tobacco Products	20.00	

**3. MISCELLANEOUS PERMITS, LICENSES AND SERVICES**

**BODY ART ESTABLISHMENTS  
AND PRACTITIONERS**

	<b>100.00</b>	
Day Camp for Children	50.00	Full facility sites only
Ear Piercing Establishments	50.00	
Ear Piercing Technician	25.00	
Health Club	50.00	
Ice Rink Permit	10.00	
Massage Establishment	500.00	Initial
	100.00	Renewal
Massage Therapist	50.00	Initial
	25.00	Renewal
Plan Review Pool/Spa	50.00	
Special Purpose Pool	50.00	
Swimming Pool	50.00	Includes Wading Pool, if both
Tanning Facility	50.00 +	
	10.00	Per booth

**4. OTHER PERMITS, LICENSES AND FEES**

Hazardous Material Registration	50.00	Expire 1/31
Housing Inspection	75.00	Voucher/Welfare Program includes Certificate of Fitness & 1 reinspection
Housing Reinspection	25.00	Per additional reinspection
Recombinant DNA	500.00	
Sandblasting License	50.00	
Sandblasting Permit	25.00	Per site
Well Construction Permit	50.00	New wells

**CANTON BOARD OF HEALTH REGULATIONS**

**6.1 FEES, PERMITS, LICENSES AND SERVICES**

**6.1 Fees, Permits, Licenses and Services continued**

**Section 2: ADDITIONAL FEES**

FEE REVISION EXPLANATION: For the majority of food establishments, two routine inspections annually are sufficient to maintain compliance with the regulations of the State Sanitary Code, Chapter X, and provide adequate protection to the health and well being of patrons and the general public. For some establishments however, two inspections annually are inadequate and more frequent visits by the Health Agent or other actions are found to be necessary. In some instances, a number of reinspections are necessary to assure the correction of critical violations or previously cited violations and more frequent comprehensive inspections may be needed to maintain an acceptable level of compliance. In the course of this type of intensified follow up, it may be necessary for the Board of Health and/or the Health Agent to issue order letters, schedule and conduct administrative hearings and take action to suspend or revoke permits. Additionally, food establishments which give rise to repetitive citizen complaints also require closer inspectional attention, as do those involved in alleged outbreaks of food borne illnesses.

It is both fair and equitable that establishments which, by reason of negligence and noncompliance, require expenditure of additional time and effort by the Health Agent should pay some of the additional cost involved. As of January 1, 1992, the following fee revision will be implemented to supplement the Section 1 Fee Schedule.

A follow up inspection will be required at any establishment which is found to have serious, critical and/or repeated violations of Chapter X of the State Sanitary Code during:

- a) a routine inspection
- b) an inspection conducted based on a complaint or
- c) an investigation of a food borne illness.

A fee will be charged for each follow up inspection which is required.

The fee to be charged for each follow up inspection shall be \$25.00.

No renewal of a permit will be issued until all fees for follow up inspections have been paid in full.

Establishments which have a history of serious, critical and/or repeated violations of Chapter X of the State Sanitary Code, or which are the subject of repeated citizen complaints, or food borne illness complaints, will be scheduled to receive a routine inspection at least every six months.



**CANTON BOARD OF HEALTH REGULATIONS**

**6.1 FEES PERMITS, LICENSES AND SERVICES**

**6.1 Fees, Permits, Licenses and Services continued**

The Health Agent or Board of Health may waive the fee for a follow up inspection as otherwise required above, when the reason for the follow up inspection involves any of the following:

- a) items are on order, but not yet in
- b) repairs have been scheduled.

A refusal to waive the fee by the Health Agent may be appealed to the Board of Health. The final decision of the Board of Health in all such cases shall be final.

**Section 3: FROZEN DESSERT AND SLUSH MACHINES AT RETAIL LEVEL**

Each establishment having a permit for a Frozen Dessert Machine, at the retail level, shall during each month that the machine(s) are in use submit to the Board of Health the results of laboratory tests of samples taken from each such machine.

Laboratory tests must be conducted for a standard plate count and a standard coliform count. Yogurt machines are exempt from the standard plate count.

All laboratory samples must be taken by the 30th of the month that the machine(s) are in use, and the results are due in the Board of Health office by noon on the second Friday of the following month.

Any establishment which fails to submit a laboratory report during any month said machine(s) are in use will have those machines taken out of operation.

Permission to use the machine(s) again will not be granted until:

- 1. Laboratory results are submitted to the Board of Health office
- 2. Laboratory results are within acceptable standards and
- 3. The Health Agent contacts the establishment and grants permission to reoperate the machine(s).

In addition, if laboratory test results for a machine are found to be above acceptable standards, the machine must be removed from service until:

- 1. The machine is properly serviced and sanitized
- 2. A laboratory test is conducted and
- 3. Laboratory results confirm that the source(s) of the high counts have been removed and corrected and laboratory results are within Acceptable standards.

The machine(s) may be put back into service after acceptable test results are received at the Board of Health office and discussed with the Health Agent.

Note: Acceptable standards may be found in the State Sanitary Code, 105 CMR 561.000.

**CANTON BOARD OF HEALTH REGULATIONS**

**ADMINISTRATION**

**6.2 HEARING**

**Section 1: PROCEDURE FOR REQUESTING AND HOLDING A HEARING**

Unless otherwise specified in these regulations, the person or persons to whom any order has been served pursuant to any regulation of this code may request a hearing before the Board of Health, by filing with the Board of Health within 7 days after the day the order was served, a written petition requesting a hearing on the matter.

Upon receipt of such petition, the Board of Health shall set a time and place for such hearing and shall inform the petitioner thereof in writing. The hearing shall be commenced not later than 30 days after the day on which the order was served. The Board of Health, upon application of the petitioner, may postpone the date of hearing for a reasonable time beyond such 30 day period if in the judgement of the board of health the petitioner has submitted a good and sufficient reason for such postponement.

**Section 2: HEARING OF PETITIONER**

At the hearing the petitioner shall be given an opportunity to be heard and to show why the order should be modified or withdrawn.

**Section 3: PROCEDURE BY THE BOARD AFTER THE HEARING**

After the hearing the Board of Health shall sustain, modify, or withdraw the order and shall inform the petitioner in writing of its decision. If the Board of Health sustains or modifies the order, it shall be carried out within the time period allotted in the original order.

**Section 4: PUBLIC RECORD**

Every notice, order, or other record prepared by the Board of Health in connection with the hearing shall be entered as a matter of public record in the office of the clerk of the city or town, or in the office of the Board of Health.

**Section 5: HEARING PETITION NOT SUBMITTED, OR SUSTAINING OF AN ORDER**

If a written petition for a hearing is not filed with the Board of Health within 7 days after the day an order has been served or, if after a hearing the order has been sustained in any part, each day's failure to comply with the order as issued or modified shall constitute an additional offense.

**CANTON BOARD OF HEALTH REGULATIONS**

**Administration continued**

**6.3 APPEAL**

Any person aggrieved by the final decision of the Board of Health with respect to the denial of plan approval, the denial, revocation or failure to renew a license or permit, or with respect to any order issued under the provisions of this code may seek relief therefrom in any court or competent jurisdiction, as provided by the laws of this Commonwealth.

**6.4 VARIANCE**

The Board of Health may vary the application of any provision of this article with respect to any particular case when, in its opinion, the enforcement thereof would do manifest injustice; provided that the decision of the Board of Health shall not conflict with the spirit of these minimum standards. Any variance granted by the Board of Health shall be in writing. A copy of any such variance shall, while it is in effect, be available to the public at all reasonable hours in the office of the clerk of the city or town, or in the office of the Board of Health, and notice of the grant of variance shall be filed with the Commissioner of Public or Environmental Health of the Commonwealth.

**6.5 VARIANCE, GRANT OF SPECIAL PERMISSION: EXPIRATION, MODIFICATION, SUSPENSION OF**

Any variance or other modification authorized to be made by this article may be subject to such qualification, revocation, suspension, or expiration as the Board of Health expresses in its grant. A variance or other modification authorized to be made by this article may otherwise be revoked, modified, or suspended, in whole or in part, only after the holder thereof has been notified in writing and has been given an opportunity to be heard, in conformity with the requirements for an order and hearing of Chapter 6.2 of these regulations.

Administration continued

6.6 PENALTIES AND INVALIDATION

PENALTIES-STATE SANITARY CODE

**Section 1: INTERFERENCE AFTER SEARCH WARRANT PRESENTED**

Any owner, occupant, or other person who refuses, impedes, inhibits, interferes with, restricts or obstructs entry and free access to every part of the structure, operation or premises where inspection authorized by this code is sought after a search warrant has been obtained and presented in accordance with Regulations of the State Sanitary Code, shall be fined not less than ten nor more than five hundred dollars.

**Section 2: FAILURE TO COMPLY WITH AN ORDER**

Any person who shall fail to comply with any order issued pursuant to the provisions of this code shall upon conviction be fined not less than ten nor more than five hundred dollars. Each day's failure to comply with an order shall constitute a separate violation.

**Section 3: PENALTIES NOT OTHERWISE PROVIDED**

Any person who shall violate any provision of this code for which penalty is not otherwise provided in any of the General Laws or in any other provision of this code shall upon conviction be fined not less than ten nor more than five hundred dollars.

PENALTIES BOARD OF HEALTH REGULATIONS

Whoever violates any provision of these rules and regulations shall be fined not more than two hundred (\$200.00) dollars by the court having jurisdiction, unless otherwise provided by law, or other provision of these regulations.

INVALIDATION

If any section, paragraph, sentence, clause or phrase of these rules and regulations shall be decided invalid for any reason whatsoever, such decision will not affect the remaining portions of these regulations, which shall remain in full force and effect; and to this end the provisions of these regulations are hereby declared severable.

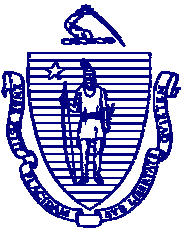
**Administration continued**

**6.7 ENFORCEMENT**

These regulations may be enforced pursuant to the provisions of Section 21D, Chapter 40 of the Massachusetts General Laws. For the purpose of enforcing Canton Board of Health Rules and Regulations, Canton By-Laws and applicable State Laws, the Health Agent is designated as the enforcing agent.

CANTON BOARD OF HEALTH

Alan M. Leary, Chairman  
James N. Marathas, Vice Chairman  
Paul J. Alfano, Clerk



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an 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: Canton Permit/License # BHF

**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: Diane J. White Phone #: 781-821-5021

# 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.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

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