



**APPLICATION FOR A PERMIT TO OPERATE A  
FOOD ESTABLISHMENT**

PIN: **20**\_\_

**ESTABLISHMENT:** Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Phone: \_\_\_\_\_

**LICENSE HOLDER:** Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town, State, Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**TYPE OF ESTABLISHMENT**   
**From Fee Schedule**

- **PAYMENT DUE WITH THE APPLICATION** TOTAL DUE: \$ \_\_\_\_\_  
• **DO NOT MAIL CASH** • **MAKE CHECKS PAYABLE TO THE CITY OF WORCESTER**  
• **LICENSING PERIOD: JANUARY 1 through DECEMBER 31** unless otherwise stipulated in permit

**ADDITIONAL INFORMATION:**

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

**NAME OF PERSON IN CHARGE, CERTIFIED IN FOOD PROTECTION MANAGEMENT:** \_\_\_\_\_

*Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Please attach copy of certificate*

DOES YOUR ESTABLISHMENT CATER OFF SITE?  YES  NO

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_ DATE OF PRELIMINARY INSPECTION \_\_\_\_\_

APPROVED BY \_\_\_\_\_ PERMIT ISSUED  YES

Pursuant to M.G.L. Ch. 62c, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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 Worcester DIS should any information contained herein change, be modified or found to be inaccurate. I hereby verify 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:**  
**(REQUIRED)** \_\_\_\_\_

#### FOOD PERMIT APPLICATION RENEWAL INFORMATION

- A new fee schedule was published and was effective April 1, 2013 and can be reviewed at [www.worcesterma.gov/inspections](http://www.worcesterma.gov/inspections). Please review your application and fees accordingly.
- **Failure to completely fill out the enclosed application may result in your application being returned to you. Renewal applications must be submitted by December 31st. A \$200.00 late fee will be assessed for applications received after this date. Please make checks payable to the City of Worcester.**
- An Allergen Awareness Regulation was enacted and has been in effect since October 1, 2010. Failure to meet the requirements of the regulation constitutes a critical violation.
- Workers Compensation Insurance is required. It is the responsibility of the permit holder to comply with all provisions of Mass General Laws Chapter 152: "The Massachusetts Workers Compensation Act." It is the responsibility of each individual business owner to provide Workers Compensation Insurance. There are no exceptions to this rule. Information regarding Workers Compensation insurance can be obtained by calling the Massachusetts Department of Industrial Accidents, Worcester Regional Office at 508-753-2072 or online at [www.mass.gov/dia](http://www.mass.gov/dia)
- Also enclosed is a Certification of Compliance with a Worcester Revised Ordinance Governing Revenue Collection form. Please complete the appropriate section, (1, 2, 3 or 4) and date the bottom final section. At least one section must be completed and a Social Security or Federal ID number must be provided. Incomplete applications will be returned.
- Pursuant to M.G.L. c.99 sec 305D, each food service establishment having a seating capacity of 25 persons or more shall have on its premises while food is being served, an employee trained in manual procedure to remove food lodged in a person's throat. Training class information can be obtained by contacting the American Red Cross, 508-595-3700 or online at [www.redcrossworchester.org](http://www.redcrossworchester.org).
- If you would like to be included as part of our Food Safety and Protection Notification Network please include your e-mail address on the application and you will receive food safety information and concerns as they are received.
- Please do not include Tobacco renewal applications as they cannot be processed by this department. They should be directed to the City of Worcester, Division of Public Health, Tobacco Control Unit, Room 200, 25 Meade Street, Worcester, MA 01610.

If you have any questions, please contact the Food Protection Program at 508-799-8539 between the hours of 8:30am-5:00pm., Monday thru Friday.

**CERTIFICATE OF COMPLIANCE  
PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 Massachusetts General Laws requires that every 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 until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to the Certificate of Compliance.

**IF YOU HAVE EMPLOYEES:**

I submit a Certificate of Insurance showing workers' compensation insurance or a copy of a policy of workers' compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.

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**IF YOU DO NOT HAVE EMPLOYEES:**

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption.

I am self-employed and have no employees who work for me, and do all of the work of my business, named \_\_\_\_\_ at \_\_\_\_\_, , myself. Therefore, I am not required to obtain workers' compensation insurance.

OR

I and \_\_\_\_\_ are the owners of the business named \_\_\_\_\_ at \_\_\_\_\_, and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

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I certify that the above is true and correct under the pains and penalties of perjury this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE

**CERTIFICATION OF COMPLIANCE WITH WORCESTER  
REVISED ORDINANCES GOVERNING REVENUE COLLECTION**

Pursuant to M.G.L. c. 40, section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, ET. Seq., I hereby certify, under the pains and penalties of perjury, that the undersigned applicant and all parties having an ownership interest therein have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterment's or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES INTERESTED IN THIS APPLICATION.**

(Give first and last name in full: in case of a corporation give names of President, Treasurer and Manager, and in case of firms, give names of individual members)

**1. IF A PROPRIETORSHIP**

Name of owner \_\_\_\_\_  
Business Address \_\_\_\_\_  
Home Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**2. IF A PARTNERSHIP**

Full Names and Addresses of all Partners:

Name	Address
_____	_____
_____	_____

Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_

**3. IF A CORPORATION**

Full Legal Name \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Principal Place of Business \_\_\_\_\_  
Principal Place of Business in Massachusetts \_\_\_\_\_

Officers in Corporation

Name	Title
_____	_____
_____	_____

**4. IF A TRUST**

Name of Trust \_\_\_\_\_  
Business Address \_\_\_\_\_  
Name of Trustee \_\_\_\_\_  
Address \_\_\_\_\_

(Use additional sheets if necessary)

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

By Name \_\_\_\_\_  
Title \_\_\_\_\_  
Business Address \_\_\_\_\_  
Social Security or Federal I.D. No. \_\_\_\_\_