



Inspectional Services

Martin J. Walsh, Mayor

BATH ESTABLISHMENT

To obtain a license from the Boston Inspectional Services Department, Division of Health Inspections, you must provide the following:

1. Proof of authority to do business in Massachusetts, (**Boston Business Certificate and/or Article of Incorporation or Partnership**).
2. Two passport size photographs (2" x 2") of applicant.
3. Written proof of age (**birth certificate, driver's license, and passport**).
4. Zoning clearance (**Certificate of Occupancy**) Boston Inspectional Services, Zoning Division.
5. New establishments must provide 4 copies plan and request an appointment for review by contacting the office directly and speaking with a supervisor at 617-635-5326.
6. Complete a Health Division application. The CORI application **must** be completed. Applications are accepted Monday through Friday, 8:00 am – 3:30 pm. **All required documents must be submitted with completed application.**
7. Bath establishment license fee is \$200.00 annually.



City of Boston
Boston Inspectional Services Department
Health Division
1010 Massachusetts Avenue
Boston, MA 02118
Tel: (617) 635-5326
Fax: (617) 635-5388

APPLICATION FOR: BATH ESTABLISHMENT _____

Applicant's Full Name: _____ Date: _____

Home Address: _____
No. Street Town/City State Zip

Home Phone No: _____ Business Phone No: _____

Business Name: _____

Business Address: _____
No. Street Town/City State Zip

If a corporation or partnership, please give name, title and home address of officers, partnerships, stockholders with 10% or more of the stock.

Name of Corporation or Partnership _____

Name/Title: _____

Home Address/Phone No.: _____

Name/Title: _____

Home Address/Phone No.: _____

Name/Title: _____

Home Address/Phone No.: _____

State of Incorporation: _____ Tax Number _____

Articles of incorporation or partnership submitted: Yes _____ No _____

Boston Business Certificate submitted: Yes _____ No _____

Zoning/Building Department approval: Yes _____ No _____

All residential addresses of applicant for the past five (5) years:

D.O.B _____ Age _____ Sex _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Two (2) photographs 2" x 2" of applicant must be submitted Yes _____ No _____

Former occupations of applicant for past three (3) years:

Occupation	Name of business & address	Bath Experience
_____	_____	_____
_____	_____	_____

List all **criminal convictions, forfeiture of bond, or plea of nolo contendere**, excluding traffic, misdemeanor or infraction violations:

Have you had any license or permit suspended or revoked by any agency or board, city, county or state?
Yes ___ No ___

If yes, explain: _____

I authorize and release the Department to seek information or references necessary to verify the information contained in this application:

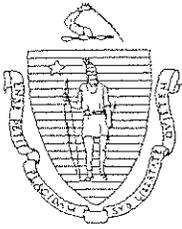
Signature of Applicant

Social Security Number

I certify under penalty of perjury that all information contained in the application is true and correct. **Any misstatements in this application are grounds for refusing to issue or for revocation of any license issued.**

Signature of Applicant

Social Security Number



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: _____ 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 #: _____



Inspectional Services

Martin J. Walsh, Mayor

DIVISION OF HEALTH INSPECTIONS PROCEDURES FOR OBTAINING A MOBILE PERMIT (PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections **CANNOT** be performed if information is incomplete and not submitted prior to inspection.

If you are vending in the City of Boston you may have to go to Police Headquarters, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

If you are a mobile food walk on truck you are required to contact Edith Murane Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201. 617- 635-1456

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

If you are vending on a public property, you must obtain a permit from the Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118. 617-635-5300.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 617-635-4505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas Coffill at 617-961-3219.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit.

If you sell potentially hazardous foods, you are required to have a full time on site certified food protection manager assigned to the mobile food operation. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are performed at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Mobile Food permits fees are \$100 per unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is \$100. You are also be required to have a lab that will test your machines once a month and submit those reports to the Health Division. **No application will be excepted if the Tax ID # is blank.**

If you are using propane, generators or open flame you are required to contact Boston Fire Department, 1010 Mass. Ave. Boston, MA 02118. Ask to speak with Lt. Martin Fernandes or Lt. Michael Kenney, Special Hazards Division, 617-343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact Ross Josie, Fire Marshal's Office at 617-343-2019.

1010 MASSACHUSETTS AVENUE • 5TH FLOOR • BOSTON • MASSACHUSETTS • 02118
617-635-5300 • www.boston.gov



BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
 1010 MASSACHUSETTS AVE.
 BOSTON, MA 02118
 Tel (617) 635-5326 Fax (617) 635-5388

FOR BOARD OF HEALTH USE ONLY

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fee</u>
_____	_____	_____	_____	_____

Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other Legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partners: <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____
Emergency Telephone No:	_____
13) District Or Regional Supervisor (if applicable)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____

ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:

CANTEEN TRUCK MOBILE KITCHEN PUSH CART ICE CREAM TRUCK OTHER

SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK
MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)

NAME OF VEHICLE/PUSH CART _____
BASE OF OPERATION _____
STREET CITY STATE & ZIP _____

VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT YES _____ NO _____

LOCATION IN THE CITY (BE SPECIFIC)
STREET NAMES & SECTION OF THE CITY

DAYS AND TIMES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HANDWASHING SINK ON MOBILE UNIT Y/N
TOILET FACILITIES ARE AVAILABLE AT _____

FOOD PRODUCTS TO BE SOLD SOURCE OF FOOD PRODUCTS

HOT FOOD ITEMS (Be Specific)

COLD FOOD ITEMS (Be Specific)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MECHANICAL REFRIGERATION Y/N

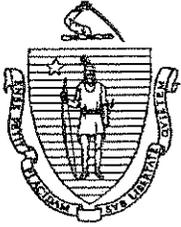
MAKE & YEAR OF VEHICLE _____
STATE OF REGISTRATION _____
REGISTRATION # _____

IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:

WHERE IS THE MIX PURCHASED FROM/NAME OF COMPANY _____

IS THE MIX PASTEURIZED? YES _____ NO _____ NUMBER OF REFRIGERATORS/FREEZERS _____

ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? Y/N



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

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Contact Person: _____ Phone #: _____