



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 New Business / Ownership

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 RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM HEALTH DEPARTMENT**

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

Required Information to begin Plan Review Process:

1. Completed and signed Food Establishment Plan Review Application
2. Include the following documents with this completed application:
 - Menu with Consumer Advisory and Food Allergen Awareness
 - 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
 - Certified Food Protection Manager Certificate or ServSafe Certificate
 - Food Allergen Awareness Certificate
 - Choke Saver Certificate/ First Aid training (more than 25 seats)
 - Copy of pest management agreement for pest management service of the establishment
 - Copy of solid waste agreement for disposal of solid waste
 - Copy of grease offal hauler agreement for disposal of grease and used oil generated at the establishment
 - Completed Worker's Compensation Insurance Affidavit
 - Check for plan review fee (non-refundable) made out to "Town of Watertown"
Food Plan Review Fee for New Business / Owner \$ 100.00
3. Tobacco and Nicotine Delivery Products Sales Permit required if tobacco or nicotine delivery products are to be sold.
 - Do you wish to apply for this permit? Yes No
 - If yes, complete Tobacco and Nicotine Delivery Products Application and provide a copy of the Department of Revenue Cigarette Sales License
4. Letter from Health Department approving the submitted application and plan. The letter will allow renovation / construction to begin. **No work can begin 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.

**TOWN OF WATERTOWN
DEPARTMENTS**

I, _____, the applicant for the following food establishment, _____ acknowledge that I have visited each of the following departments and have notified each department that I am applying through the Health Department to operate a food establishment. I agree to comply with all requirements of the Town of Watertown and of each department.

- **Town Clerk's Office, (617) 972-6446, 149 Main Street, Ground Floor**
 - Common Victualler License (food with seats)
 - Alcohol Licensing
 - 24 hour Operation Licensing
 - Business Certificate

- **Building Inspector (617) 972-6480, 149 Main Street, 2nd Floor**
 - Building permit for construction or renovation to existing property

- **Plumbing Inspector (617) 972-6480, 149 Main Street, 2nd Floor**
 - Plumbing permit for adding or renovating plumbing and gas fixtures

- **Wiring Inspector (617) 972-6480, 149 Main Street, 2nd Floor**
 - Wiring permit for adding or renovating electrical fixtures

- **Fire Department (617) 972-6510, 99 Main Street**
 - Hood requirements, fire safety inspection

- **Zoning Department, (617) 972-6427, 149 Main Street, 2nd Floor**
 - Zoning district and any restrictions to property
 - Outdoor sign application

- **Police (617) 972-6500, 552 Main Street**
 - Applying for alcohol licensing



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

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
<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: _____



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

APPLICATION FOR TOBACCO AND NICOTINE DELIVERY PRODUCTS SALES PERMIT

Fee: **\$ 150.00**

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) Type of Business (check all that apply):

- Retail Store (no food sold)
- Grocery Store
- Convenience Store
- Other (Describe Operation) _____
- Retail Food Store
- Gas Only
- Liquor Store
- Retail Tobacco Store (no food, smoking permitted at establishment)
- Gas & Mini-Mart

12) Attach a copy of MA Department of Revenue Tobacco Sales Permit.

13) Days and Hours of Operation: _____

APPLICATIONS MUST BE COMPLETELY FILLED OUT WITH SUPPORTING DOCUMENTS AND A FEE PAYABLE TO THE "TOWN OF WATERTOWN".

Pursuant to MGL Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief that I have filed all State tax returns and paid all State taxes required under law.

Federal Identification Number

Signature of Individual or Corporate Officer

Date

Tobacco and Nicotine Delivery Products Sales Permit Checklist

This form must be completed by the owner/operator of the establishment applying for a permit for location and sales of tobacco products.

	Initials
1) I have read and I understand all sections of the Watertown Board of Health <i>Regulation Regarding Smoking and the Sale and Use of Tobacco and Nicotine Delivery Products</i> .	
2) I understand that it is against the law to sell cigarettes, tobacco product, or nicotine delivery products (such as e-cigarettes and e-hookah) to anyone under 21 years of age, regardless of how old the person looks.	
3) I understand that the Board of Health regulation, and State and Federal law require businesses to establish positive proof of age before selling tobacco and nicotine delivery products to any customer under 27 years of age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age. Proper identification consists of a valid driver's license or other form of positive identification (a government issued picture I.D. that indicate date of birth).	
4) No clerk shall sell tobacco or nicotine delivery products to a person under 21 years of age who has a note from an adult requesting such a sale.	
5) I understand that the owner/operator of a business holding a Tobacco and Nicotine Delivery Products Sales Permit will be responsible for all violations of the <i>Watertown Regulation Regarding Smoking and the Sale and Use of Tobacco and Nicotine Delivery Products</i> .	
6) I understand that the Watertown Health Department will conduct unannounced compliance checks of my business to ensure that individuals under the minimum legal sales age are unable to purchase Tobacco and Nicotine Delivery Products from my business. This means: a) Health Department will send individuals under the legal sales age into my establishment to attempt to purchase Tobacco and /or Nicotine Delivery Products. b) These individuals under the age of 21 years may or may not look 21 years of age.	
7) I understand that other government agencies, such as the Food and Drug Administration or the State Attorney General's Office, may conduct additional compliance checks of my place of business.	
8) I understand that if I or one of my clerks violates the ordinance a ticket will be written and a fine imposed by the Health Department. If a repeat violation occurs within a 24 month period, the amount of the fine increases and a suspension of the license for a period of time will result. By regulation, four or more violations within 24 months will cause the license to be revoked.	
9) I understand that Watertown's tobacco and nicotine delivery products regulation has significantly changed in March 2015, including but not limited to: prohibiting the sale of flavored products at retail food stores, prohibiting roll your own machines, requiring cessation signage, requiring child-resistant package on liquid nicotine products, regulating e-cigarettes and increasing the minimum age to purchase tobacco and nicotine delivery products.	

By signing this form I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions as well as all the requirements of the *Watertown Regulation Regarding Smoking and the Sale and Use of Tobacco and Nicotine Delivery Products*, may jeopardize my Tobacco and Nicotine Delivery Products Sales Permit.

Name of Business _____ Owner _____
Please Print Please Print Name

 X _____ Date _____
 Owner/Operator Signature

SPECIFICATIONS (physical facility and equipment)

Applicant: Please Check Appropriate Boxes

A. Finish Schedule

Complete the following chart by: Providing the type of building material used in the construction of the floor covering, walls and ceiling for the kitchen area, ware wash area, food storage area, bathroom and dressing. Room.

- Here are some common type of building material: (i.e. quarry tile, stainless steel, 4 inch plastic covered molding, FRP (fiber-reinforced paneling).
- Note that ceiling, walls and floors must be finished to facilitate cleaning. All studs, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.

	Floor	Coving	Walls	Ceiling	Reviewers Comments	
					Acceptable	Not Acceptable
Kitchen Area						
Ware washing Area						
Food Storage Area						
Other Storage Area						
Bathrooms						
Dressing Rooms						

B. Insect and Rodent Harborage

	Yes	No	N/A	Reviewers Comments	
				Acceptable	Not Acceptable
Are all outside doors self-closing with rodent proof flashing?					
Are screen doors provided on outside doors for use in summer?					
Do all operable windows have minimum #16 mesh screening?					
Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?					
Are air curtains used? If yes, where? _____					
Describe method of keeping area around building free of unnecessary brush, litter, boxes or other harborage _____ _____ _____					

C. Garbage and Refuse

Reviewers Comments

	Yes	No	N/A	Acceptable	Not Acceptable
Do all containers have lids?					
Will refuse be stored inside? If so, where? _____					
Will any cans be stored outside If so, where? _____					
Will a dumpster be used? Number _____ Size _____ Frequency of pick-up _____ Contractor _____ Describe the surface on which dumpster/compactor/cans are to be stored _____					

D. Plumbing

According to manufacturer specification, please describe back-siphonage protection of the following. If the item is not applicable please indicate with a N/A.

Reviewers Comments

	Air Gap	Air Break	"P" Trap	Vacuum Breaker	Integral Trap	Condensate Pump	Grease Trap	Acceptable	Not Acceptable
Water Closets									
Urinals									
Dishwasher									
Garbage Grinder									
Ice Machine									
Ice Storage Bin									
Sinks									
Mop Sink (Service/Janitorial)									
Handwash									
3 compartment									
2 compartment									
Water station									
Steam Table									
Dipper Wells									
Refrigerators/Freezers									
Walk-ins									
Produce/Dairy/Deli Cases									
Hose Connection									
Potato/ Vegetable Peeler									

Soap dispensers (wall mounted or individual free standing pump dispenser) location and number

Hand drying facilities (paper towels, air blower, etc.) location and number

Describe waste receptacles in each rest room

E. Water Supply

Is water supply public? () Private? ()

If private, has source been approved? Yes () No ()

Please attach a copy of written approval.

Is ice made on premises () or purchased commercially ()?

If on premises, are specifications of machines enclosed? Yes () No ()

Reviewer's Comments

Acceptable Not Acceptable

F. Sewage Disposal

Is building connected to municipal sewer? Yes () No ()

If no, has private disposal system been approved? Yes () No ()

Please attach a written copy of approval.

Reviewer's Comments

Acceptable Not Acceptable

G. Dressing Rooms

Are separate dressing rooms provided? Yes () No ()

Describe storage facilities for employees' personal belongings (i.e. purse, coat, boots, umbrellas, etc.)

Reviewer's Comments

Acceptable Not Acceptable

H. General

Describe storage method and storage location for the following:

Detergents _____ Sanitizers _____

Cleaning agents _____ First-aid supplies _____

Reviewer's Comments

Acceptable Not Acceptable

I. Laundry/Linen Storage

Are laundry facilities located on premises? Yes () No ()

If yes, what will be laundered? _____

Is location physically separated from food preparation areas and warewashing?

Yes () No ()

Location of clean linen storage: _____

Location of dirty linen storage: _____

Reviewer's Comments

Acceptable Not Acceptable

J. Exhaust Hoods

Hood Locations	Odor Supp. Device/Filters	Square Feet Length x Width = SF	Fire Protection	Air Capacity (cubic feet per minute/CFM)

Reviewer's Comments Acceptable Not Acceptable

K. Sinks

Is a separate mop sink present? Yes () No ()
 If no, please describe facility for cleaning of mops and other equipment

Is a separate three compartment sink present with grease trap? Yes () No ()
 Is a separate food preparation sink present? Yes () No ()
 Is a separate handwash sink present in the food preparation area? Yes () No ()

Reviewer's Comments Acceptable Not Acceptable

L. Dishwashing Facilities

Will sinks or dishwasher be used for warewashing?
 Dishwasher ()
 Three Compartment Sink ()
 Both ()
 Grease Trap (required with 2 or 3-bay sinks): Location _____

If dishwasher, type:
 Hot Water ()
 Chemical ()

If hot water:
 Temperature of wash water _____
 Temperature of final rinse _____
 Is heater booster provided? Yes () No ()

If chemical:
 Type of chemical _____
 Automatic feed Yes () No ()

If three compartment sink:

Does the largest pot and pan fit in each compartment? Yes () No ()
Are there drain boards on both ends? Yes () No ()
What type of sanitizer is used? Chlorine () Iodine () Quaternary Ammonium ()

Please make certain the corresponding sanitizer test kits are available at the pre-opening inspection.

Reviewer's Comments Acceptable Not Acceptable

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the office may nullify this approval.

Signature(s) _____

Date

Owner(s) or responsible representative(s)

Approval of these plans and specifications by this Health Department does not indicate compliance with any other code, law, or regulations that may be required (federal, state, or local). It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).

A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishment.

