

# Weymouth Health Department

**Director**  
**Daniel McCormack,**  
**R.S., C.H.O**

**Mayor**  
**Robert L. Hedlund**



**Health Department**  
**75 Middle Street**  
**Weymouth, MA 02189**  
**Tel. (781) 340-5008**  
**Fax. (781) 682-6112**

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## **Food Truck or Temporary Food Permit Application** **Process Letter**

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned. Your application must include the following documentation:

- ☐ Completed Signed Application \*\*\* The Application must be typed and printed. Please **do not** hand-write applications. \*\*\*
- ☐ Certifications/Documentation: (You must supply your own copies of certificates with your application)
  - ☐ *Food Protection Manager Certificates - Food Handler Certificates* do not meet the state requirements.
  - ☐ *Allergen Awareness Certificates*
  - ☐ *State Hawker and Peddler License*
  - ☐ *Vehicle Registration*
- ☐ Workers' Compensation Insurance Information:
  - ☐ Completed Workers' Compensation Affidavit
  - ☐ Workers' Compensation declaration page (if you have employees)
- ☐ Additional required items:
  - ☐ A copy of your municipal commissary permit if licensed in another municipality
  - ☐ A copy of your use agreement for commissary kitchen
  - ☐ Submit a schematic showing how you set up and operate (hand wash, food prep, heating, refrigeration for temp and food setup).
- ☐ Fee:
  - ☐ Checks (made payable to Town of Weymouth) or ☐ Cash
  - ☐ Mobile Food Permit = \$75
  - ☐ Temporary Food Permit = \$40

Once we receive your completed application we will contact you to schedule an inspection. Inspections are **by appointment only** – Monday through Friday 9:00 am to 3:30 pm. Inspections are done at Weymouth Town Hall, 75 Middle Street, Weymouth with both Health and Fire.

You must also obtain a permit from the Weymouth Fire Department.

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## 2023 Temporary Food Permit Application

Application and payment must be mailed or delivered to the Weymouth Health Department at 75 Middle Street, Weymouth MA 02189. \$40 Fee, please make checks payable to the Town of Weymouth.

### EVENT INFORMATION

Event Name: \_\_\_\_\_ Location: \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

### VENDOR INFORMATION

Name of Business: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Phone #: Day of Event ( ) \_\_\_\_\_

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

### **REQUIRED DOCUMENTS:**

1. All temporary applications require a copy of your food permit and recent inspection report from the municipality you are permitted in.
2. All temporary applications require a copy of your State Hawker and Peddler license.
3. If preparing food, it is required that the **person-in-charge** is **Food Manger Certified, & Food Allergen Certified** and is on-site during operation.

Name of Certified Food Protection Manager\*: \_\_\_\_\_

Name of Food Allergen Awareness Trained Employee\*: \_\_\_\_\_

**\* A COPY OF THE FOOD MANAGERS CERTIFICATION AND FOOD ALLERGY AWARENESS  
CERTIFICATE IS REQUIRED WITH EVERY APPLICATION**

4. Will foods be prepared onsite at the temporary set up?

Yes ☐

No ☐

**If yes:**

- You must use the attached sketch pad to show your setup \*\*\* see page 3
- Foods which use Propane or other flammable sources or create grease laden vapors must be approved by Weymouth Fire 781-337-5151.

5. Attach a Menu of all items to be offered at the event.

6. Allergy notice must be printed on all menus and menu boards.

**YOU MUST ANSWER THE FOLLOWING QUESTIONS:**

1. **YES,** \_\_\_\_\_ I am providing the following hot temperature control for the hot holding of all potentially hazardous foods above 135°F. **Describe hot holding equipment:**

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2. **YES,** \_\_\_\_\_ I am providing the following cold temperature control for the cold holding of potentially hazardous foods 41°F or below. **Describe cold holding equipment:**

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3. **A) YES,** \_\_\_\_\_ I am providing a metal stem-type thermometer (0-220°F) to measure the Hot and cold holding of potentially hazardous food.

**B) YES,** \_\_\_\_\_ I am providing a thermometer for every refrigerator unit. This includes all coolers.

4. Please describe what method used to ensure that you do not use bare hand contact with ready to eat foods

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5. Hand washing facilities: \_\_\_\_\_ **Plumbed sink** or \_\_\_\_\_ **Gravity flow container with catch basin** (At minimum you need a 5-gallon insulated container with a spigot, a bucket for the collection of waste water, pump soap, paper towels, and a lined trash receptacle.)

6. Utensil washing facilities: \_\_\_\_\_ **Three compartment sink.** or \_\_\_\_\_ **Three deep tubs/basins** (one for soapy water, one for rinse water and the other for sanitizing solution.)

7. I am protecting my unpackaged food and food preparation areas from flies, dust, and the public by the following methods:

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**I certify that I am familiar with 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments, 2013 Food Code.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*You must use the form below to sketch your setup including hand wash facilities, cooking equipment, cooling equipment, dish wash facilities, work tables, food/single service storage, etc.**

Sketch your preparation and sales layout here (or use your own schematic)



**The Commonwealth of Massachusetts**  
**Department of Industrial Accidents**  
**Office of Investigations**  
**Lafayette City Center**  
**2 Avenue de Lafayette, Boston, MA 02111-1750**  
**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 § 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 (check one):**

1. ☐ Board of Health   2. ☐ Building Department   3. ☐ City/Town Clerk   4. ☐ Licensing Board
5. ☐ Selectmen's Office   6. ☐ Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# 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**  
Lafayette City Center  
2 Avenue de Lafayette,  
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

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

**Massachusetts Department of Public Health  
Food Protection Program  
Temporary Food Establishment Operations**

**Are You Ready?**

*Use this guide as a checklist to verify compliance with MA food safety regulations*

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Application | Submit a completed temporary food establishment application to the Local Board of Health a minimum of fourteen (14) days prior to the event. |
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<b>FOOD &amp; UTENSIL STORAGE AND HANDLING</b>
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|---|--|
| <input type="checkbox"/> Dry Storage      | Keep all food, equipment, utensils and single service items stored above the floor on pallets or shelving, and protected from contamination.   |
| <input type="checkbox"/> Cold Storage     | Keep potentially hazardous foods at or below 41°/45°F. An effectively insulated container with sufficient coolant may be approved by the Board of Health for storage of less hazardous foods, or use at events of short duration.  |
| <input type="checkbox"/> Hot Storage      | Use hot food storage units when necessary to keep potentially hazardous foods at or above 140°F.   |
| <input type="checkbox"/> Thermometers     | Use a food thermometer to check temperatures of both hot and cold potentially hazardous food.  |
| <input type="checkbox"/> Wet Storage      | Wet storage of canned or bottled non-potentially hazardous beverages is acceptable when the water contains at least 10 ppm of available chlorine and the water is changed frequently to keep the water clean.  |
| <input type="checkbox"/> Food Display     | Protect food from customer handling, coughing, or sneezing by wrapping, sneeze guards or other effective barriers.<br><br>Post consumer advisories for raw or undercooked animal foods.  |
| <input type="checkbox"/> Food Preparation | Food employees must use utensils, disposable papers, disposable gloves or any other means approved by the Board of Health to prevent bare hand contact with ready-to-eat food.<br><br>Protect all storage, preparation, cooking and serving areas from contamination.<br><br>Obtain food from an approved source. Potentially hazardous foods and perishable items may not be prepared in residential kitchen. |

<b>PERSONNEL</b>
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- |   |  |
|---|--|
| <input type="checkbox"/> Person In Charge | There must be one designated person in charge at all times responsible for compliance with the regulations. Check with your local Board of Health for food protection management certification requirements.                                 |
| <input type="checkbox"/> Handwashing      | A minimum two-gallon insulated container with a spigot, basin, soap and disposable towels shall be provided for handwashing. The container shall be filled with warm water 100° to 120° F. A handwashing sign must be posted.                |
| <input type="checkbox"/> Health           | The person-in-charge must tell food employees that if they are experiencing vomiting and/or diarrhea, or have been diagnosed with a disease transmissible through food, they cannot work with food or clean equipment and utensils. Infected |

cuts and lesions on fingers or hands must be covered with protected with waterproof materials.

- ☐ Hygiene Food employees must have clean outer garments and effective hair restraints. Tobacco usage and eating are not permitted by food employees in the food preparation and service areas.

## CLEANING AND SANITIZING

- ☐ Warewashing A minimum of three basins, large enough for complete immersion of utensils and a means to heat water are required to wash, rinse and sanitize food preparation equipment that will be used on a production basis.  
  
The Board of Health may require additional sets of utensils if warewashing sinks are not easily accessible.
- ☐ Sanitizing Use chlorine bleach or other approved sanitizers for sanitizing food contact surfaces, equipment and wiping cloths.
- ☐ Wiping Cloths Store wet wiping cloths in a clean 100ppm chlorine solution. Change frequently.

## WATER

- ☐ Water Supply An adequate supply of potable water shall be on site and obtained from an approved source. Water storage at the booth shall be in approved storage containers.
- ☐ Wastewater Disposal Dispose of wastewater in an approved wastewater disposal system. An adequate number of covered containers, labeled "Wastewater" shall be provided in the booth.

## PREMISES

- ☐ Floors Unless otherwise approved, floors shall be constructed of tight wood, asphalt, or other cleanable material. Floors must be easily cleanable.
- ☐ Walls & Ceilings Walls and ceilings are to be of tight and sound construction to protect from entrance of elements, dust, debris and, where necessary, flying insects. Walls shall be easily cleanable.
- ☐ Lighting Provide adequate lighting by natural or artificial means if necessary. Bulbs shall be shatterproof or shielded.
- ☐ Counters/Shelving All food preparation surfaces shall be smooth, easily cleanable, durable and free of seams and difficult to clean areas. All other surfaces shall be easily cleanable.
- ☐ Trash Provide an adequate number of cleanable containers inside and outside the booth.
- ☐ Restrooms Provide an adequate number of approved toilet and handwashing facilities. These facilities shall be accessible for employee use.
- ☐ Clothing Store personal clothing and belongings in a designated place in the booth, away from food preparation, food service and warewashing areas.

Need more information on food safety and MA food regulations

[www.mass.gov/dph/fpp](http://www.mass.gov/dph/fpp)

Retail Food Information

[http://www.umass.edu/umext/nutrition/programs/food\\_safety/resources/index.html](http://www.umass.edu/umext/nutrition/programs/food_safety/resources/index.html)

MA Partnership for Food Safety Education Resources/Food Safety Principles for Food Workers

[www.foodsafety.gov](http://www.foodsafety.gov)

Gateway to Government Food Safety Information