



TOWN OF BURLINGTON
Board of Health
61 Center Street
Burlington, MA 01803
781-270-1955

Burlington Board of Health

Food Establishment Plan Review Application

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 time period begins when a **complete application** with all parts 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 _____ 20__

**NO RENOVATION OR CONSTRUCTION WORK
TO BE DONE IN FOOD ESTABLISHMENT
BEFORE WRITTEN APPROVAL FROM
THE BOARD OF HEALTH**

For Office Use Only:

Complete Plan Review Application Accepted by Board of Health Date:
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Reviewer's Signature

Food Establishment Plan Review Application

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Burlington Board of Health Food Establishment Permit Application

Name of Establishment: _____

Business Address: _____

Business # _____ Fax # _____ Cell # _____

Company Office Address: _____

Mailing Address? (Please circle) Business or Company/Corporate office

Name & Title of Applicant: _____

Address of Applicant: _____

Name of President or CEO: _____

Business Phone # _____ Fax # _____ Cell # _____

<u>Type of Permit:</u>	<u>Fee</u>	<u>Amount Due</u>
Retail Food:		
Candy, chips, gum only	\$ 10.00	_____
Pre-packaged Foods (mini mart)	\$ 50.00	_____
Less than 5,000 SF	\$100.00	_____
Greater than 5,000 SF	\$300.00	_____
Super Store (per Dept. – meat, deli, bakery, etc.)	\$100.00	_____
Food Establishments:		
0-25 seats	\$100.00	_____
26-100 seats	\$150.00	_____
101-300 seats	\$200.00	_____
301 seats or more	\$300.00	_____
Other:		
Milk and Cream	\$ 10.00	_____
Frozen Dessert Machine	\$ 50.00	_____
Caterer	\$100.00	_____
Sushi Operation	\$100.00	_____
Mobile Food Vendor	\$ 50.00	_____
Function Hall with kitchen	\$100.00	_____
Function Hall without kitchen	\$ 50.00	_____
Residential Kitchen	\$100.00	_____

TOTAL DUE: \$ _____

Check or Money Order Payable to "Town of Burlington"

Days & hours of operation: _____ Number of Seats: _____

Number of square feet _____

Persons Trained in Anti-Choking Procedures? Yes: _____ No: _____
(25 Seats or more per M.G.L. c. 94 § 305D)

{Attach a copy of each certificate to enclosed pink sheet}

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

Social Security# or Federal ID#

Signature of Individual or Corporation Name

By: _____
Corporate Officer (if applicable)

EMERGENCY INFORMATION

We must be able to contact you in case of an emergency. We DO NOT WANT a corporate address. We require personal addresses where responsible people can be reached at any time.

PERSON DIRECTLY RESPONSIBLE FOR DAILY OPERATION

(OWNER, PERSON IN CHARGE, SUPERVISOR, MANAGER, etc.)

1. Name & Title: _____
2. Address: _____
3. Phone #: _____ Fax # _____ Cell # _____
4. Emergency Telephone # _____
5. Email: _____

District or Regional Supervisor (if applicable)

5. Name & Title: _____
6. Address: _____
7. Phone #: _____ Fax # _____ Cell # _____
8. Email: _____

INFORMATION NEEDED Before WORK CAN BEGIN

1. Completed Food Establishment Plan Review Application
2. Include the following items with the completed application:
 - ___ a) Floor plan (inside establishment): Show location of all equipment to determine food flow
 - ___ b) Site plan (outside establishment) showing the location of equipment & trash storage
 - ___ c) Manufacturer's Specification Sheet(s) for all equipment (indicate locations on floor plan)
 - ___ d) Certified Food Protection Manager & Allergen Awareness Training certificates.
 - ___ e) Anti-Choking Procedure training certificates (for establishments with more than 25 seats)
 - ___ f) Menu
 - ___ g) Check for plan review fee (non-refundable) made out to "Town of Burlington"
3. Tobacco Sales & Location Permit required if tobacco is to be sold.
Do you wish to apply for this permit? Yes No
4. Letter from Board of Health approving the submitted application and plan. The letter will allow work to begin. No work can begin without this letter.

Please call Marlene Johnson, Health Agent (781-270-1949), or Sharon Walker Mastenbrook, Director of Public Health (781-270-1954), with questions.

Plan Review Fee Schedule

New Food or Retail Establishment

New Permit \$100.00

Renovation of Existing Establishment

Simple Renovation or New Equipment \$25.00

Complex Renovation \$75.00

*Copies of Board of Health Regulations may be acquired at the Burlington Board of Health or at www.burlington.org/boh & the Town Clerk's Office.

**BURLINGTON BOARD OF HEALTH
TOWN DEPARTMENTS**

Permits, licenses or other paperwork may be needed by other town departments before this business can begin work or open to the public. Contact each department below to inquire if there are any requirements that must be fulfilled.

CHECK OFF ONCE CONTACTED

Environmental Engineer: 781-270-1956 _____

Town Clerk: 781-270-1660 _____

Board of Selectmen: 781-270-1850 _____

Police: 781-270-1914 _____

Fire Department: 781-270-1924 _____

Planning: 781-270-1645 _____

Building/Zoning: 781-270-1615 _____

Electrical Inspector: 781-270-1753 _____

Plumbing Inspector: 781-270-1618 _____

Conservation: 781-270-1655 _____

I, _____, the applicant for the following food establishment acknowledge that I have contacted each of the above departments and have notified each department that I am applying through the Board of Health to operate a food establishment. I agree to comply with all requirements of the Town of Burlington and of each department. (Signature)X_____

FOOD ESTABLISHMENT INFORMATION

Days & Hours of operation: _____

Number of food employees: _____

Names of Certified Food Protection Managers: _____

Names of person(s) trained in choke saver procedures (one per shift if over 25 seats): _____

Location (permanent structure or mobile): _____

Length of Permit (annual or seasonal with dates of season): _____

Food Operations (Check all that apply):

- _____ Retail Sale of Commercially Pre-packaged Non-PHF's
- _____ Retail Sale of Commercially Pre-packaged PHF's
- _____ Preparation of PHFs for eat in or take out (CFPM required)
- _____ Offers RTE PHFs in Bulk Quantities (CFPM required)
- _____ PHFs Cooked to Order or Served Raw or Under Cooked (Consumer Advisory required)
- _____ Preparation of Food/Single Meals for Catered Event (CFPM required)
- _____ Preparation of Non-PHF's (coffee, hot dogs)

Use of a Process Requiring a Variance and/or HACCP Plan:

- _____ Use of Un-pasteurized Shell Eggs Prepared for Highly Susceptible Population (variance & HACCP Plan needed)
- _____ Use of food additives for preservation (i.e. Acidification of sushi) (variance & HACCP Plan needed)
- _____ Smoking for Preservation (variance & HACCP Plan needed)
- _____ Curing (variance & HACCP Plan needed)
- _____ Custom Processing of Animals (variance & HACCP Plan needed)
- _____ Molluscan Shellfish Tanks (variance & HACCP Plan needed)
- _____ Reduced Oxygen Packaging with Barriers (ROP or Vacuum Packaging) (variance & HACCP Plan needed)
- _____ Time as a Public Health Control (variance & HACCP Plan needed)
- _____ Bare Hand Contact with RTEs (HACCP Plan needed)

Definitions:

PHF – potentially hazardous food (time/temperature controls required)

Non-PHF – non-potentially hazardous food (no time/temperature controls required)

RTE – ready-to-eat foods (ex. sandwiches, salads, muffins, French fries. etc. which need no further processing)

Highly Susceptible Population (HSP) - A group of persons who are more likely than other populations to experience food borne disease because they are immune-compromised, or older adults in a facility that provides health care or assisted living services, such as a hospital or nursing home, or children in day care or elementary school.

CFPM – Certified Food Protection Manager

Consumer Advisory – Written information concerning the safety of raw or undercooked food

HACCP Plan (Hazard Analysis Critical Control Point Plan) – Written document delineating HACCP principles in use

Variance – Written document issued by the Board of Health

SPECIFICATIONS (physical facility and equipment)
Applicant: Please Check Appropriate Boxes

A. Finish Schedule

- Indicate type of materials to be used (i.e. quarry tile, stainless steel, 4 inch plastic covered molding, FRP [fiber-reinforced paneling], etc.)
- 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 _____ Describe the surface on which grease bins are to be stored _____ Type of grease bins: _____ interior _____ exterior					

D. Plumbing

According to manufacturer specification, please describe back-siphonage protection of the following. If the item is not applicable please indicate with an N/A. Contact a licensed plumber for assistance with this form.

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	Fire Protection	Air Capacity (cubic feet per minute/CFM)

Reviewer's Comments

Acceptable Not Acceptable

K. Sinks

Is a separate mopsink 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 ()
 Is a separate handwash sink present in the warewash 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 on ware wash sinks): Location _____

*If required, a garbage grinder (garbage disposal) shall be installed in the compartment used for washing and not in compartment used for sanitizing.

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

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 () Quaternary Ammonium () Iodine ()

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

Reviewer's Comments

Acceptable Not Acceptable

M. Menu

Consumer Advisory

Are foods served raw or undercooked? Yes() No ()
Can the consumer order foods raw or undercooked? Yes() No ()

If yes, provide proper Consumer Advisory which includes a disclosure (asterisk next to the food item served or may be ordered raw or undercooked) and reminder:

* Contain (or may contain) raw or undercooked ingredients. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.

* Can be cooked to order. Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness.

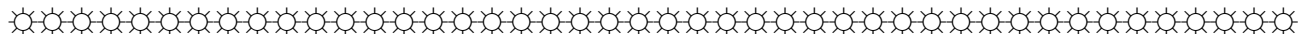
Allergen Awareness

Are foods cooked, prepared or served for immediate consumption either on or off the premises?
Yes() No ()

If yes, menus and menu boards must include a notice which reads, "Before placing your order, please inform your server if a person in your party has a food allergy." The notice must be displayed in a clear and conspicuous manner, and the notice on menu boards must meet the font size requirements discussed in 105 CMR 590.009(G)(2)(b). This notice applies to website menus as well.

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 The Board of Health 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 establishments.**

