



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

**DIVISION OF HEALTH INSPECTIONS
PROCEDURES FOR APPLYING FOR A HEALTH PERMIT**

衛生分部
申請衛生許可證檢查程序

PLAN REVIEW PROCEDURES (for establishments being constructed) (BY APPOINTMENT ONLY)

1. Complete a Health Division Application
2. Pay Health Division fees
3. Have four (4) sets of plans
4. Submit one (1) copy of all new equipment specification forms from manufacturer w/NSF/UL approval. NSF standard #7 for refrigeration
5. Complete and submit a Food Plan Review Worksheet
6. Submit one (1) copy of menu w/consumer advisory (if appropriate)
7. Submit signed plans to the Building Division with Building Permit applications and appropriate fees
8. Building permit must be signed off by inspectors
9. Proceed to next session

計劃審查程序（適合正在建造的設施）（僅限預約）

1. 填寫衛生分部申請表
2. 支付衛生分部申請費
3. 制訂四（4）套計劃
4. 提交一（1）份製造商提供的所有新設施規格表（獲得NSF/UL批准）。NSF冷藏標準 #7
5. 填寫和提交「食品計劃審查工作單」
6. 提交一（1）份菜單（附加消費者提示）（如適用）
7. 向建築分部提交簽署的計畫，附加建築許可證申請和相關申請費
8. 建築許可證必須由檢查員簽署
9. 進入下一個階段

**APPLYING FOR A PERMIT
(APPLICATIONS ARE ACCEPTED IN PERSON ONLY)**

1. Apply/obtain the appropriate Certificate of Occupancy and/or Certificate of Inspection from Building Division
2. Bring copy of Certificate of Occupancy and Certificate of Inspection to the Health Division
3. Complete the Health Division application
4. Submit a copy of the Fulltime onsite Food Manager Certification and Allergen Awareness Certification
5. Submit common Victuallers License (for Restaurant only)
6. Pay Health Fees and request a "Pre-Opening inspection from the Health Division

申請許可證

(僅限親自送交申請)

1. 向建築分部申請/獲得適當的居住證書和/或檢查證書
2. 將居住證書和檢查證書攜帶至衛生分部
3. 填寫衛生分部申請表
4. 提交一份「全日制現場食品經理證書」和「過敏原意識證書」
5. 提交食品供應者執照 (僅限餐館)
6. 支付衛生費，要求接受衛生分部的開張前檢查

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Food Establishment Permit Application
 食品設施許可證申請表

FOR BOARD OF HEALTH USE ONLY					
Date Received	Date Inspected	Approved By	Permit # Issued		Fee

1) Establishment Name: 1) 設施名稱：	
2) Establishment Address: 2) 設施地址：	
3) Establishment Mailing Address (if different) 3) 設施郵寄地址（如不同）：	
4) Establishment Telephone No: 4) 設施電話號碼：	
5) Applicant Name and Title : 5) 申請人 姓名和職稱 ：	
6) Applicant Address: 6) 申請人地址：	
7) Applicant Telephone No: 7) 申請人電話號碼：	7A) Applicant Email: 7A) 申請人電子郵件：
8) Owner Name and Title (if different from applicant): 8) 業主 姓名和職稱 （如果與申請人不同）：	
9) Owner Address (if different from applicant): 9) 業主地址（如果與申請人不同）：	
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 10) 設施擁有方： <input type="checkbox"/> 協會 <input type="checkbox"/> 公司 <input type="checkbox"/> 個人 <input type="checkbox"/> 合作企業 <input type="checkbox"/> 其他法人	11) If a corporation or partnership, give name, title and home address of officers or partners: Name: Title: Address: <hr/> <hr/> <hr/> 11) 如果是公司或合作企業，填寫管理人員或合夥人的姓名、職稱和家庭地址： 姓名： 職稱： 地址： <hr/> <hr/> <hr/>

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
12) 對日常運營直接負責的人 (業主、負責人、主管、經理等)	
姓名和職稱 :	
地址 :	
電話號碼 :	傳真 :
緊急情況電話號碼 :	
13) District Or Regional Supervisor (if applicable)	
Name & Title :	
Address:	
Telephone No:	Fax:
13) 地區或區域主管 (如適用)	
姓名和職稱 :	
地址 :	
電話號碼 :	傳真 :
14) Source of Water: Sewage Disposal: Rendering Co. (For	15) Rubbish Disposal Co. _____ Rendering Co. (For Grease)
14) 水源 : 汙水處理 : 提供服務公司	15) 垃圾處理公司 _____ 提供服務公司 (處理油脂)
16) Days and Hours of Operation: 16) 運營天數和時間 :	17) No. of Food Employees 17) 食品僱員人數
18) Name of Person In Charge Certified in Food Protection Management: <i>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A). Allergen Certification: Yes: _____ No: _____</i> 18) 獲得食品保護管理認證的負責人姓名 : <i>依照《麻薩諸塞州法規》第105章第590.003(A)款的規定自2001年10月1日起要求。過敏原認證：是： _____ 否： _____</i>	
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No 19) 接受過防窒息程序培訓的人 (如果有25個或以上座位) : <input type="checkbox"/> 是 <input type="checkbox"/> 否	

<p>20) Location: (check one)</p> <p><input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg.#: _____</p> <p>Base of Operation: _____</p>	<p>21) Establishment Type (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Retail (sq. ft.)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Caterer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Service (Seats)</td> <td style="border: none;"><input type="checkbox"/> Food Delivery</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Service-Takeout</td> <td style="border: none;"><input type="checkbox"/> Mobile Food Walk-on</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Food Service-Institution (Meals/Day)</td> <td style="border: none;"><input type="checkbox"/> Bakery</td> </tr> <tr> <td style="border: none;">(Beds)</td> <td style="border: none;"><input type="checkbox"/> Frozen Dessert Manufacturer</td> </tr> </table> <p>Other (Describe):</p>	<input type="checkbox"/> Retail (sq. ft.)	<input type="checkbox"/> Caterer	<input type="checkbox"/> Food Service (Seats)	<input type="checkbox"/> Food Delivery	<input type="checkbox"/> Food Service-Takeout	<input type="checkbox"/> Mobile Food Walk-on	<input type="checkbox"/> Food Service-Institution (Meals/Day)	<input type="checkbox"/> Bakery	(Beds)	<input type="checkbox"/> Frozen Dessert Manufacturer
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(Beds)	<input type="checkbox"/> Frozen Dessert Manufacturer										
<p>20) 地點：（勾選一項）</p> <p><input type="checkbox"/> 永久性結構 <input type="checkbox"/> 移動性 規章號碼： _____</p> <p>運營基地： _____</p>	<p>21) 設施類型（勾選所有適用的項目）</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> 零售（ 平方英尺）</td> <td style="width: 50%; border: none;"><input type="checkbox"/> 飲食承辦方</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 食品服務（ 座位）</td> <td style="border: none;"><input type="checkbox"/> 食品遞送</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 食品服務 — 外賣</td> <td style="border: none;"><input type="checkbox"/> 流動食品攤販</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 食品服務 — 機構</td> <td style="border: none;"><input type="checkbox"/> 麵包店</td> </tr> <tr> <td style="border: none;">其他（請說明）：</td> <td style="border: none;"><input type="checkbox"/> 冷凍甜點生產商</td> </tr> </table>	<input type="checkbox"/> 零售（ 平方英尺）	<input type="checkbox"/> 飲食承辦方	<input type="checkbox"/> 食品服務（ 座位）	<input type="checkbox"/> 食品遞送	<input type="checkbox"/> 食品服務 — 外賣	<input type="checkbox"/> 流動食品攤販	<input type="checkbox"/> 食品服務 — 機構	<input type="checkbox"/> 麵包店	其他（請說明）：	<input type="checkbox"/> 冷凍甜點生產商
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其他（請說明）：	<input type="checkbox"/> 冷凍甜點生產商										
<p>22) Length of Permit: (check one)</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates <input type="checkbox"/> _____</p> <p style="text-align: center;">Temporary/Dates/Time</p> <p>Base of Operation: _____</p>	<p>22) 許可證時限：（勾選一項）</p> <p><input type="checkbox"/> 年度 <input type="checkbox"/> 季節性/日期 <input type="checkbox"/> _____</p> <p style="text-align: center;">臨時/日期/時間</p> <p>運營基地： _____</p>										
<p>23) Food Operations: (check all that apply):</p>	<p>Definitions: <i>PHF-potentially hazardous food (time/temperatures controls required) Non-PHF's-non-potentially hazardous food (no time/temperature controls required) RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing).</i></p>										
<p><input type="checkbox"/> Commercially Pre-Packaged Non-PHF's</p>	<p><input type="checkbox"/> PHF Cooked To Order</p> <p><input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service</p>	<p><input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service</p>									
<p><input type="checkbox"/> Preparation of Non-PHF's</p>	<p><input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer</p>	<p><input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility</p>									
<p><input type="checkbox"/> Commercially Pre-Packaged Non-PHF's</p>	<p><input type="checkbox"/> Customer Self-Service</p>	<p><input type="checkbox"/> Vacuum Packaging/Cook Chill</p>									

<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HAACP Plan
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Delivers Food Within 1 Hour of Variance and/or HAACP Plan Preparation	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input type="checkbox"/> Other (Describe): _____	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	
23) 食品運營： (勾選所有適用的項目)：	定義：PHF — 有潛在危險的食品（要求的時間/溫度控制）； Non-PHF's — 無潛在危險的食品（無要求的時間/溫度控制）； RTE — 即食食品（例如，無需進一步加工的三明治、沙拉、鬆餅）。	
<input type="checkbox"/> 商業預包裝無潛在危險的食品	<input type="checkbox"/> 按訂單烹飪的有潛在危險的食品 <input type="checkbox"/> 一次餐飲供應的有潛在危險的熱食或冷食烹飪	<input type="checkbox"/> 有潛在危險的熱熟食或保存時間超過一次餐飲供應的熱食
<input type="checkbox"/> 無潛在危險的食品烹飪	<input type="checkbox"/> 由消費者自行烹飪的生動物食品銷售	<input type="checkbox"/> 為高度易感人群設施烹飪的有潛在危險的食品和即食食品
<input type="checkbox"/> 商業預包裝無潛在危險的食品	<input type="checkbox"/> 消費者自助	<input type="checkbox"/> 真空包裝/預煮速凍
<input type="checkbox"/> 重新加熱商業加工食品，在4小時內供應	<input type="checkbox"/> 製造和包裝的零售用冰	<input type="checkbox"/> 使用要求變化方法和/或危害分析與關鍵控制點（HAACP）計劃的流程
<input type="checkbox"/> 僅限客戶自助無潛在危險的食品和不易腐壞的食品	<input type="checkbox"/> 製造和包裝的零售用果汁	<input type="checkbox"/> 供應動物來源生食或未煮熟的食品
<input type="checkbox"/> 使用變化方法和/或危害分析與關鍵控制點（HAACP）計劃烹飪、在一小時內供應的食品	<input type="checkbox"/> 大批供應的有潛在危險的即食食品	<input type="checkbox"/> 為伙食承辦活動或機構食品服務烹飪食品/單次餐飲
<input type="checkbox"/> 其他（請說明）： _____	<input type="checkbox"/> 零售殘留、過期或重新烹飪的食品	
I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.		
24) Signature of Applicant: _____		

Pursuant to MGL 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 state taxes required under law.

25) Federal ID: _____

26) Signature of Individual or Corporate Name: _____

本人，以下簽名者，證實本申請表中提供的資訊的準確性，我確認食品設施運營將符合《麻薩諸塞州法規》第105章第590.000款及所有其他適用法律的規定。衛生委員會已經指示我如何索取《麻薩諸塞州法規》第105章第590.000款和《1999年聯邦食品法典》副本。

24) 申請人簽名： _____

根據《麻薩諸塞州普通法》第62C章第49A節的規定，我確認，據我所知所信，我已經提交所有州所得稅表，並已支付法律要求的州稅，如有虛假甘願受作偽證之處罰。

25) 聯邦代碼： _____

26) 個人或公司簽名： _____

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
工傷保險宣誓書：一般企業

Applicant Information

申請人資訊

Please Print Legibly

請用大寫字母清晰地填寫

Business/Organization Name: _____

企業/機構名稱：

Address: _____

地址：

City/State/Zip: _____ Phone#: _____

城市/州/郵遞區號：

電話號碼：

Are you an employer? Check the appropriate box:

1. I am a 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.]

您是僱主嗎？勾選適用的方框：

1. 我是僱主，有_____名僱員（全職和/或兼職）*
2. 我是獨資經營者或合夥企業，沒有任何僱員以任何身份為我工作。[不要求工傷保險]
3. 我們是公司，我們的管理人員已經依照 c. 152, §1(4) 款行使豁免權，我們沒有僱員。[不要求工傷保險]**
4. 我們是非營利組織，由義工擔任工作人員，沒有僱員。[不要求工傷保險]

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 _____

企業類型（必須填寫）：

5. 零售
6. 餐館/酒吧/餐飲設施
7. 辦公室和/或銷售（包括房地產、汽車等）
8. 非營利
9. 娛樂
10. 製造
11. 醫療保健
12. 其他_____

* 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.

* 任何勾選方框 1 的申請人還必須填寫以下章節，顯示他們的工傷賠償保單資訊。

** 如果公司管理人員自己行使豁免權，但公司有其他僱員，要求提供工傷賠償保單，此類機構應當勾選方框 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.

我是向我的僱員提供工傷賠償的僱主。以下是保單資訊。

保險公司名稱: _____

保險公司地址: _____

城市/州/郵遞區號: _____

保單號碼或自我保險許可號碼: _____ 失效日期: _____

隨附一份工傷補償保單聲明頁（顯示保單號碼和失效日期）。

不按照《麻薩諸塞州普通法》第25A節第c. 152款的要求獲得承保可能導致高達 \$1,500.00 和/或一年監禁的刑事處罰，以及**停止工作令**形式的民事處罰和每天高達 \$250 的違規者罰款。請注意，本聲明的副本可能會轉交給工業事故部（DIA）調查辦公室進行保險承保確認。

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

我在此認證，以上提供的資訊準確無誤，如有虛假甘願受作偽證之處罰。

Signature: _____ Date: _____

簽名: _____ 日期: _____

Phone#: _____

電話號碼: _____

Official use only. Do not write in this area, to be completed by city or town official.

僅供內部填寫。請勿填寫本欄，本欄將由市或城鎮政府官員填寫。

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 #: _____