

Food Establishment Permit Application

Application must be submitted at least 30 days before the planned opening date

With the permit review fee of \$150.00

The Inspection fee will be either \$150 (< 50 Seats) \$250 (51-199 seats) or \$350.00 (> 200 seats)

1) Establishment Name:										
2) Establishment Address:										
3) Establishment Mailing Address (if different):										
4) Establishment Telephone No:										
5) Applicant Name & Title & email:										
6) Applicant Address:										
7) Applicant Telephone No:	24 Hour Emergency No:									
8) Owner Name & 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 partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Title</th> <th style="text-align: left;">Home Address</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title	Home Address						
Name	Title	Home Address								
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: _____									



BOARD OF HEALTH

NANTUCKET, MASSACHUSETTS

508-228-7200

APPLICATION AND REVIEW OF FOOD ESTABLISHMENT PLANS AND SPECIFICATIONS

The State Sanitary Code (105 CMR 590.058) requires the submission of properly prepared plans for review and approval of all new construction, extensive remodeling or conversion of an existing structure for use as a food establishment, before such work begins. The purpose of the review and approval prior to construction is:

1. To insure compliance with the State Sanitary Code requirements.
2. To prevent misunderstanding by the operator as to what is required; and
3. To prevent errors which may result in additional cost to the operator

A poor plan review or starting construction before the health department has reviewed the proposed establishment's plans could potentially result in sanitation problems after food service operations have begun. It could also delay an establishment's opening as permits cannot be issued to establishments that do not comply with the minimum Standards of the State Sanitary Code.

Since no two operations are exactly alike, each proposed establishment will be based on its own merits; and decisions as to approval or disapproval will be based on the specific operation involved. When reviewing a plan, facts peculiar to a particular establishment will be considered regarding space needs, location, type of operation, frequency of deliveries of supplies, kinds of foods used (fresh, frozen, canned etc.), and completeness of processing done (meat cutting, pre-portioned cuts, etc.). These factors may cause considerable variation in the space requirements for production and storage and will be determined from the operator prior to reviewing the plans.

After review of plans a meeting will be held with the applicant regarding approval or disapproval of the plans. This will address what revisions, if any, are needed or when a pre-operational inspection should be arranged. At this time Department policies and procedures applicable to Food Service Establishments will be reviewed.

Please enclose the following documents:

_____ Proposed Menu

_____ Specification sheets for each piece of equipment

_____ Site plan showing location of business in building, location of building on site including alleys, and streets, location of any outside facility (dumpsters, walkins)

_____ Plan drawn to scale of facility showing location of equipment, plumbing and electrical

Please make sure the following information is available on the plans or attached on additional documents:

- Details of lighting - location, type and type of shielding or protection.
- Details of ventilation - mechanical or natural, CFM.
- Location and size of all grease traps.
- Location of employee and/or patron restrooms including lavatories, water closets and urinals.
- Location of employee dressing rooms and/or lockers.
- Note that ceiling, walls and floors must be suitably finished to facilitate cleaning. All stud, joists and rafters must not be left exposed. Utility service lines and pipes must not be unnecessarily exposed.
- Details of special operations such as salad bars, bulk foods and vacuum packing.

A. Finish Schedule

Please fill in materials to be used (i.e. quarry tile, stainless steel, 4" plastic covered molding, etc.)

	<u>Floor</u>	<u>Coving</u>	<u>Walls</u>	<u>Ceiling</u>
<u>Kitchen</u>				
<u>Ware washing</u>				
<u>Food Storage</u>				
<u>Other Storage</u>				
<u>Bathrooms</u>				
<u>Dressing Rooms</u>				

B. Insect and Rodent Harborage

Please check appropriate boxes.

	YES	NO	NA
1. Are all outside doors self-closing with rodent proof flashing?	()	()	()
2. Are screen doors provided on outside doors for use in summer?	()	()	()
3. Do all operable windows have a minimum #16 mesh screening?	()	()	()
4. Are all pipes, electrical conduit chases, ventilation systems exhaust and intakes sealed?	()	()	()
5. Is area around building clear of unnecessary brush, litter, boxes or other harborage?	()	()	()
6. Are air curtains used? If yes, where?	()	()	()

C. Garbage and Refuse

Inside

- | | YES | NO | NA |
|--|-----|-----|-----|
| 7. Do all containers have lids? | () | () | () |
| 8. Will refuse be stored inside? | () | () | () |
| If yes, where? _____ | | | |
| 9. Is there a can cleaning sink or area? | () | () | () |

Outside

- | | | | |
|---|-----|-----|-----|
| 10. Will a dumpster be used? | () | () | () |
| Number _____ | | | |
| Size _____ | | | |
| Frequency of pick up _____ | | | |
| Contractor _____ | | | |
| 11. Will a compactor be used? | () | () | () |
| Number _____ | | | |
| Size _____ | | | |
| Frequency of pick up _____ | | | |
| Contractor _____ | | | |
| 12. Will cans be stored outside? | () | () | () |
| 13. Describe surface where dumpster/compactor/cans are to be stored _____ | | | |

D. Plumbing

Please describe back-siphonage protection of the following:

- | | Air Gap | Air Break | Check Valve | "P" Trap | Vacuum Breaker |
|---------------------|---------|-----------|-------------|----------|----------------|
| 14. Water Closets | () | () | () | () | () |
| 15. Urinals | () | () | () | () | () |
| 16. Dishwasher | () | () | () | () | () |
| 17. Garbage Grinder | () | () | () | () | () |
| 18. Ice Machines | () | () | () | () | () |
| 19. Ice Storage Bin | () | () | () | () | () |
| 20. Sinks | () | () | () | () | () |
| 21. Steam Tables | () | () | () | () | () |
| 22. Dipper Wells | () | () | () | () | () |
| 23. Refrigerators | () | () | () | () | () |
| 24. Hose Connection | () | () | () | () | () |
| 25. Potato Peeler | () | () | () | () | () |
| 26. Grease Trap | () | () | () | () | () |

27. Describe soap dispensers (wall mounted, individual free standing pump dispensers, and number _____

28. Hand drying facilities (paper towels, air blower, etc.) _____

29. Describe waste receptacles in each restroom: _____

E. Water Supply

30. Is water supply public () or private ()?

31. If private, has source been approved?

YES () NO () PENDING ()

Please attach copy of written approval.

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

If on premises, enclose specification of machine.

Describe provision for icescoop storage: _____

F. Sewage Disposal

33. Is building connected to municipal sewer? YES () NO ()

34. If no, has private disposal system been approved? YES () NO ()

Please attach copy of written approval. PENDING ()

G. Dressing Rooms

35. Are separate dressing rooms provided? YES () NO ()

36. Describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrella, etc.) _____

H. General

37. Describe facilities for separation of storage of insecticides/rodenticides and detergents/sanitizers/cleaning agents/caustics/acids/polishes and first-aid supplies/personal medications _____

38. Is laundry facility located on premises? YES () NO ()
If yes, what will be laundered? _____

Is location physically separated from food preparation areas and ware washing?
YES () NO ()

39. Location of clean linen storage: _____

40. Location of dirty linen storage: _____

Exhaust Hoods

<u>Hood</u>	<u>Locations</u>	<u>Odor Supp.Dvce/ Filters</u>	<u>Sq. Ft.</u>	<u>Fire Protection</u>	<u>Air Capacity CFM</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I. Sinks

41. Is a separate mop sink present? YES () NO ()
If no, describe facility for cleaning of mops and other equipment: _____

42. Is a separate food preparation sink present? YES () NO ()

43. Is a separate hand washing sink present in the food preparation areas?
YES () NO ()

J. Dishwashing Facilities

44. Will sinks or a dishwasher be used for ware washing?

Dishwasher ()

Three Compartment Sink ()

45. Dishwasher

Type of sanitization used:

Hot Water (temp, provided) _____

Booster heater _____

Chemical Type _____

Sinks

46. Does the largest pot and pan fit in each compartment? YES () NO ()

47. Are there drain boards on both ends? YES () NO ()

48. What type of sanitizer will be used in sinks?

Chlorine

Iodine

Quaternary Ammonium _____

Hot Water

(Please make certain the corresponding test kits are available at the preopening inspection.)

STATEMENT: 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 preopening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

REVIEWER'S CHECK LIST

	Sat.	Unsat.	N/A	Insuff. Inform.
1. Finish Schedule	()	()	()	()
Kitchen	()	()	()	()
Ware washing	()	()	()	()
Food Storage	()	()	()	()
Other Storage	()	()	()	()
Bathrooms	()	()	()	()
Dressing Rms	()	()	()	()
2. Insect and Rodent Harborage	()	()	()	()
3. Garbage and Refuse	()	()	()	()
4. Plumbing	()	()	()	()
5. Water Supply	()	()	()	()
6. Sewage Disposal	()	()	()	()
7. Dressing Rooms	()	()	()	()
8. Separate Storage of Toxics	()	()	()	()
9. Laundry Facilities	()	()	()	()
10. Linen Storage	()	()	()	()
11. Exhaust Hoods	()	()	()	()
12. Sinks	()	()	()	()
13. Dishwashing	()	()	()	()
14. Lighting	()	()	()	()
15. Ventilation	()	()	()	()
16. Grease Traps	()	()	()	()
17. Employee Restrooms	()	()	()	()
Location	()	()	()	()
Number	()	()	()	()
Soap	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Waste Receptacles	()	()	()	()

	Sat.	Unsat.	N/A	Insuff. Inform.
18. Patrons Restrooms				
Location	()	()	()	()
Number				
Soap	()	()	()	()
Hand Drying	()	()	()	()
Lavatories	()	()	()	()
Water Closets	()	()	()	()
Urinals	()	()	()	()
Waste Receptacles	()	()	()	()

19. Kitchen Equipment
- a. Space between units or wall closed or adequate space for easy cleaning.
 - b. Aisles sufficient width
 - c. Storage 6" off floor
 - d. Countertops and cutting boards of suitable material
 - e. Self serve food area adequately protected
 - f. Built-in external temperature gauges or provision for separate internal thermometers noted for each piece of refrigerated equipment.
 - g. Utensil and Kitchen Storage
 - Clean
 - Soiled
 - h. Counter mounted equipment
 - i. Floor mounted equipment
 - J. Vacuum Packaging Equipment
 - k. Bulk Food
 - l. Self Service

The Massachusetts Department of Public Health has adopted the 2013 FDA Food Code with amendments made by FDA in 2015 and additional amendments adopted by DPH in 2018 as the 105 CMR 590: State Sanitary Code, Chapter 10-Minimum Sanitation Standards for Food Establishments (effective October 5, 2018).

<https://www.mass.gov/regulations/105-CMR-59000-state-sanitary-code-chapter-x-minimum-sanitation-standards-for-food>

The 2013 FDA Food Code and FDA's 2015 Supplement to the 2013 Code are available on FDA's website.

<https://www.fda.gov/Food/GuidanceRegulation/RetailFoodProtection/FoodCode/ucm374275.htm>

The Food Protection Program website.

<https://www.mass.gov/orgs/food-protection-program>