



Town of Sheffield

Mobile Food Vendor Application

- Fill-out and return application for permit.
- Attach Workmen's Compensation Affidavit and Tax Obligation Forms
- Attach the following supporting documents:
 - Detailed list of Intended locations for operations, including a sketch for each location showing how the mobile food vehicle is to be positioned.
 - List all dates of operation for each location and include operational hours.
 - The license fee is \$25 per day, if license is approved.
 - All location require written permission of property owner for each location.
 - Certificate of Liability Insurance
 - **All Board of Health approvals must be obtained and submitted.**

Mobile Food Vendor Requirements

- The Select Board is the licensing authority.
- Applicants must apply at least two weeks in advance of their event.
- Applicants may apply for up to 10 days in one application. If more than 10 days are requested, a separate application must be submitted.
- Operation may take place only in the location(s) as submitted with the application.
- All trash is the vendor's responsibility to dispose of properly and vendor may be asked to provide proof of access for proper trash disposal. Use of municipal trash receptacles is not permitted.
- Normal hours of operation are 7:00 AM – 9:00 PM, unless otherwise permitted by the Select Board. The Board reserves the right to alter or reduce the hours of operation at any time.
- The Select Board reserves the right to defer action on an application if any issues or concerns are raised by the Board of Health.
- The Select Board reserves the right to withdraw approval of a license if any issues or concerns are raised by the Board of Health and are not addressed. If approval is withdrawn, the permit fees are forfeited.
- There will be no refunds issued either for a withdrawn approval or for any events that did not take place.
- The license will be for food and non-alcoholic beverages. Non-alcohol and/or non-food items are not allowed to be sold.
- Signs and banners must be attached to the truck/cart. No free standing signs are allowed.
- No tables or chairs allowed to be set up
- While reviewing and granting of a license the Select Board will take following into consideration before approving any license:

1. Traffic and pedestrian safety
2. Parking
3. Impact on nearby residences and businesses
4. Noise and odor disruptions
5. Number of Applications
6. Any Public Safety Concerns
7. Public Input

Compliance

- Any vendor who does not comply with the above regulations shall cease to operate. This will be enforced by the Select Board and the Police Department.
- Violations of the above regulations may carry a fine of up to \$300 and the possibility of losing the right to apply for a future license.

Please return license to:
Sheffield Town Hall
21 Depot Square
Sheffield, MA 01257

The Commonwealth of Massachusetts
TOWN OF SHEFFIELD
APPLICATION FOR PERMIT

Date _____

To the licensing Authorities:

In Accordance with the provisions of the Statutes relating thereto, application for a permit is hereby made by:

Name _____
(Full name of person, firm or corporation making the application)

(Give location by street and number)

List/explain license requested:

(Signature of applicant)

(mailing address and telephone number)

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

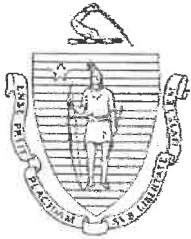
*Signature of Individual or
Corporate Name

By: Corporate Officer
(Mandatory, if applicable)

**Social Security Number or
Federal Identification Number

*This license will not be issued unless this certification clause is signed by the applicant.

**Your social security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law Chapter 62C Section 49A.



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 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.]

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."

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.

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.

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

The Commonwealth of Massachusetts

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

*signature of Individual
or Corporate Name (Mandatory)

By: Corporate Officer
(Mandatory if applicable)

** Social Security Number
or Federal Identification Number

- * This license will not be issued unless this certification clause is signed by the applicant.
** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.
This request is made under the authority of Massachusetts General Law Chapter 62C, Section 49A.

ADMINISTRATIVE PROVISIONS

chapter 62C section 49A

49A. Certification of compliance with tax laws as prerequisite to obtaining license or governmental contract

- (a) Any person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or any subdivision of the commonwealth, including a city, town or district, for a right or license to conduct a profession, trade or business, or for renewal of such right or license, shall certify upon such application, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes. Such right or license shall not be issued or renewed unless such certification is made.
- (b) No contract or other agreement for the purposes of providing goods, services or real estate space to any of the foregoing agencies shall be entered into, renewed or extended with any person unless such person certifies in writing, under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes.
- (c) Any such agency, which has been notified by the commissioner pursuant to section forty seven A that a person who holds a license or certificate of authority issued by such agency or who has agreed to furnish goods, services or real estate space to such agency has neglected or refused to file any returns or to pay any tax required under this chapter and that such person has not filed in good faith a pending application for abatement of such tax or a pending petition before the Appellate Tax Board contesting such tax, shall refuse to reissue, renew or extend such license, certificate of authority, contract or agreement until the agency receives a certificate issued by the commissioner that the person is in good standing with respect to any and all returns due to taxes payable to the commissioner as of the date of issuance of said certificate, including all returns and taxes referenced in the initial notification.

49A Certification of compliance with tax laws as prerequisite to obtaining license or governmental contract:

- (a) Any person applying to any department, board, commission, division, authority, district or other agency of the commonwealth or any subdivision of the commonwealth including a city, town or district, for a right or license to conduct a profession, trade or business, or for the renewal of such right or license, shall certify upon such application under penalties of perjury, that he has complied with all laws of the commonwealth relating to taxes. Such right or license shall not be issued or renewed unless such certification is made.
- (b) No contract or other agreement for the purposes of providing goods, services or real estate space to any of the foregoing agencies shall be entered into, renewed or extended with any person unless such person certifies in writing, under penalties of perjury that he complied with all laws of the commonwealth relating to taxes.
- (c) Any such agency, which has been notified by the commissioner pursuant to section forty-seven A that a person who holds a license or certificate of authority issued by such agency or who has agreed to furnish goods, services or real estate space to such agency has neglected or refused to file any returns or to pay any tax required under this chapter and that such person has not filed in good faith pending application for abatement of such tax or pending a petition before the Appellate Tax Board contesting such tax, shall refuse to reissue, renew or extend such license, certificate of authority, contract or agreement until the agency receives a certificate issued by the commissioner that the person is in good standing with respect to any and all returns due and taxes payable to the commissioner as of the date of issuance of said certificate, including all returns and taxes referenced in the initial notification.

Application must be accompanied by the required fee(s) made payable to "Town of Sheffield".

Fee Paid: _____
Issue Date _____

Town of Sheffield Board of Health (Revised August 2023)

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257
413-229-7000 Ext 157 Fax: 413-229-7010 Email: townhall@sheffieldma.gov

Food Establishment License Application

(All permits expire December 31st of the year issued)

Name of Establishment: _____

Business Location: _____

Business Mailing Address: _____

Telephone #: _____ Email _____

Individual Owner, Corporate Officer or Responsible Person _____

Food Establishments Preparing Time/Temperature Control for Safety/Potentially Hazardous Foods (TCS/PHF):

- Person Certified in TSC/PHF and Allergen Awareness: **(Attach Certifications)**
- #Seats _____ * #of Chokesaver Certified Staff (Required if ≥ 25 seats)
- Menu: Please attach a copy to application

Retail Food Sales: (Square Footage of Retail Food Service Section) _____

All Applications Must Attach:

- Completed and signed Tax Affidavit and Worker's Compensation Insurance Affidavit (forms found at www.sheffieldma.gov, under BOH downloadable forms)
- Days and Hours of Operation

Incomplete applications will not be processed: For questions please call the BOH office contact listed above.

Food License Type: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Bakery | <input type="checkbox"/> Milk and Cream (Pasteurized) |
| <input type="checkbox"/> Bed and Breakfast Food Service | <input type="checkbox"/> Mobile Food Vendor (Select Board) |
| <input type="checkbox"/> Caterer | <input type="checkbox"/> Non-Profit Base Kitchen |
| <input type="checkbox"/> Farmers' Market (Out of Town Vendors) | <input type="checkbox"/> Non-Profit Temporary Food Service |
| <input type="checkbox"/> Frozen Dessert Production (Milk-Based) | <input type="checkbox"/> Residential Kitchen |
| <input type="checkbox"/> Farm Stand | <input type="checkbox"/> Retail Food Only |
| <input type="checkbox"/> Full-Service Restaurant/Food Establishment | |

Fees: Fee Schedule on reverse side. The fee includes the **annual permit fee** plus **inspection fee**, as show in highlighted column of the Fee Schedule.

Total Fee(s) Included with completed application (Permit Fee + Inspection fee)= \$ _____

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with all codes and allow the Board of Health access to my establishment as specified under 8-402 of the Merged Food Code, 2013 Edition with 2015 Amendment, as adopted by 105 CMR 590.

Printed Name of Applicant: _____ Position: _____

Signature of Applicant: _____ Date: _____

Apply 30 days in advance of opening a business requiring a license.



Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257
413-229-7000 Ext 157 Fax: 413-229-7010 Email: townhall@sheffieldma.gov

Special Event/ Temporary Food Establishment Application

Name of Establishment: _____

Name of Applicant: _____

Email and Phone Number: _____

Special Event Information

Special Event Location: _____ Estimated # of Patrons/day _____

Special Event Dates of Operation _____ Hours of Operation _____

Water/Ice Supply Source _____ Electricity on Site? _____

Storage/Disposal of Garbage: _____ Refrigeration Type: _____

Are samples being served? YES NO Explain: _____

Is Hand Wash Station Provided? YES NO Explain: _____

Fees: Must be included with application. Make checks payable to: "Town of Sheffield"

	Permit Description (Time Period)	Permit Fee	Inspection Fee	Total Fees Due
	Daily Temporary Food Vendor Permit/ day	\$ 25.00/day	Varies (1)	\$ 25.00
	Non-Profit Temporary Food Vendor Permit	N/A	\$35.00	\$ 35.00

¹ Inspection fee can be waived, at discretion of inspector, if copy of recent last inspection is available

² Establishments preparing and serving TCS/PHF Food at farmers' market must get Temporary Food Permit

Required Attachments for ALL Applications:

___ All fees payable to "Town of Sheffield"

___ Workman's Comp Insurance Affidavit and MA Tax Compliance Affidavit, found at www.sheffieldma.gov under BOH downloadable forms

___ Menu of ALL products offered for sale and/or sampling

Required Attachments for Temporary Food Serving Time/Temperature Sensitive Foods or Samples:

- ☐ Copy of all local and/or State licenses from jurisdiction for commissary kitchen;
- ☐ Copy of last inspection as a temporary food vendor or commissary kitchen;
- ☐ Food Manager Certificate of on-site staff (if preparing and serving potentially hazardous foods onsite);
- ☐ Allergen Awareness Certificate (if serving food for immediate consumption);
- ☐ Sketch of temporary area (Include locations of all equipment, hand-wash, work stations, food storage, ceilings, ranges, all refrigeration/coolers etc, and how food and samples will be protected from onsite contamination);
- ☐ Indicate locations of potentially hazardous food preparation. (On and off site); and

Application Continued on Page 2

Agreement for Temporary Food Vendors

In order to ensure that safe and sanitary foods are served to the public, you must comply with the following Special Event with Food Service or Temporary Food Establishment Conditions:

Initials	Agreement
	The Sheffield BOH Temp Food permit will be conspicuously displayed on site at all times.
	A Certified Food Manager will be present if preparing potentially hazardous foods and their certificate will be available at the request of the inspector (For-profit establishments only).
	Only the foods listed in my application and approved by the BOH will be e served/sold/or offered for sampling. Water and ice WILL BE from an approved source.
	All potentially hazardous foods such as chicken, meats, prepared vegetables, dairy, etc. will be maintained either above 135 degrees or below 41 degrees F.
	Menus will have wording, "Before placing your order, please inform your server if a person in your party has a food allergy". Prepackaged food will have ingredients listed on package.
	Only mechanical refrigeration or crushed/cubed ice or ice packs will be used for a cooling medium. Foods will not come into direct contact with water or un-drained ice.
	All foods, drinks and condiments will be handled and stored in a manner that prevents contamination such as using clean, covered containers and storing equipment and food up off the ground.
	Running water with liquid hand soap and disposable towels for hand washing must be available and set-up prior to onsite food preparation. Bottled water with a pull spout may be acceptable.
	ALL persons handling food will wash their hands after utilizing the toilet facilities, smoking, eating, changing tasks and changing gloves or when hands become contaminated.
	No Bare hand contact will be made with ready-to-eat foods. Suitable utensils will be used such as deli tissue, spatulas, tongs, single-use non-latex gloves, etc. will be used.
	All equipment, utensils, containers, etc. will remain in clean, sanitary condition. Where there are no washing facilities available, spare work utensils will be available.
	People handling the food will wear clean outer garments, hair restraints and practice good hygiene
	Vendors licensed to sell scooped ice cream must store scoops individually in each tub of ice cream if a potable water source is unavailable for use. Garden hoses are <u>NOT</u> acceptable
	Smoking is prohibited within 20 feet of a cart or food storage/service area.
	Garbage and refuse will be disposed of in a satisfactory manner and the premises will be kept clean at all times.
	A stem-type of thermometer that has been properly calibrated will be available for testing potentially hazardous foods on site. The thermometer must be properly cleaned/sanitized before and after use.
	Refrigerated units must have thermometers in easily readable locations.
	I understand that tent coverage, at minimum, is required for most temporary food establishments and is required unless approved prior.
	You understand that if any of these conditions are not set-up and maintained, your temporary food permit may be revoked and you may also be ordered to cease operating immediately at the Inspector's discretion.

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have provided accurate information and affirm that I will comply with the Code and allow the Board of Health access to my establishment as specified under 8-402 of theMerged Food Code, 2011 Edition.

Applicant Name _____ Title _____

Applicant Signature _____ Date _____