



CITY OF TAUNTON
BOARD OF HEALTH
45 SCHOOL STREET
MASSACHUSETTS 02780-3212

**RETAIL FOOD ESTABLISHMENT
PLAN REVIEW PACKET**

Establishment Name: _____

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Telephone (508) 821-1400/821-1401 – Fax (508) 821-1403

PLAN REVIEW – WHAT YOU NEED TO DO FIRST

Prior to plan review you must:

1. Submit floor plans (see example on page 9).
2. Submit plan review fee: \$50.00 for each Establishment.
3. Submit list of food product that establishment intends to sell (see examples on page 10).
4. Submit a separate check for the appropriate Food Service Permits.
Confirm appropriate fee with Health Agent before submitting check.
(see attached Fee Schedule and Definitions pages 13-15)
5. Applicant must submit a completed application, final plans and appropriate fees
 - **The Health Department will complete a review of plans and all other information within 30 days**
 - **Food Establishment plans must be approved by the Health Agent before any work or construction may begin.**
6. Complete a Food Service Application (pages 11-12)
7. Please note: This plan review packet applies to Board of Health procedures only.
Please check with all other applicable City Departments for their appropriate requirements.
8. **Please submit a ZONING COMPLIANCE LETTER from the City Planner.**
9. **Please submit the Hazardous Materials Plan Review**

RETAIL FOOD ESTABLISHMENT PLAN AND SPECIFICATION REVIEW

Date: _____

Please PRINT all requested information

This Retail Food Establishment Plan and specification review is a result of a:

- Check all that apply:
- New construction project
 - Remodel project
 - Conversion project
 - New operation that is being added
 - Change of Owner
-

Name of Establishment: _____

Establishment address: _____

Establishment phone number: _____

Hours of operation:

Monday	_____	Friday	_____
Tuesday	_____	Saturday	_____
Wednesday	_____	Sunday	_____
Thursday	_____		

Months of operation: _____

Name of Owner: _____

Owner's mailing address: _____

Owner's phone number: _____

Name of Applicant: _____

Applicant's mailing address: _____

Applicant's phone number: _____

Title/Relationship to establishment (i.e.: owner, manager, et.): _____

FOOD ESTABLISHMENT INFORMATION

Structure/ Building information:

Number of floors: _____

Square footage: _____

Please enclose the following documents:

- Site plan showing location of business in building, location of building on site, street and location of any facility (dumpsters, wells, septic systems).
 - Manufacturer's specification sheets for each piece of equipment (cut sheets).
-

SPECIFICATIONS

A. Finish Schedule

(Indicate type of material used (i.e.: quarry tile, stainless steel, sealed concrete, terrazzo, ceramic tile, or durable grade plastic)

Please write n/a if not applicable

	FLOOR	COVING	WALLS	CEILING
Food storage				
Restrooms				
Inside garbage/refuse storage				
Walk-in refrigerators				
Walk-in freezers				

B. Insect and Rodent Harborage

1. Are all outside doors self-closing with rodent and insect proof flashing?
 - Yes
 - No

2. Are screen doors provided on outside doors for use in warm weather?
 - Yes
 - No
 - Not applicable

3. Do all operable windows have a minimum of 16 mesh to the inch screening?
 - Yes
 - No
 - Not applicable

4. Are all pipes, electrical conduit cases, ventilation system exhaust and intakes sealed and/or covered/protected?
 - Yes
 - No
 - Not applicable

5. Are air curtains used (control air currents)?
 - Yes, if so Location: _____
 - No

C. Garbage and Refuse Inside

1. What kind of refuse containers will be used inside?

2. Will refuse be stored inside?

- Yes, if so where? _____
 No

D. Garbage and Refuse Outside

1. Will a dumpster be used?

- Yes
Number: _____
Frequency of pick-up _____
Contractor: _____
 No

2. Will cans be stored outside?

- Yes
 No

3. Describe the surface on which the dumpster/ cans/ containers are to be stored?
Please note: All outside refuse storage containers must be in an enclosed area and stored on or above a smooth surface that is made of a nonabsorbent material that is in good repair.

Description: _____

E. Water Supply

1. Type of water supply:

- Public
 Private

If private, has source been approved?

- Yes: please attach copy of written approval
 No
 Pending

2. Ice production

- Purchased commercially
 On premises

If produced on premises by machine: are specifications enclosed?

- Yes
 No

F. Sewage Disposal

1. Type of sewage disposal

- Municipal sewer
- Private disposal system

If private disposal, has the system been approved?

- Yes
- No
- Pending

G. Employee restrooms

1. Will employees share restrooms with customers or will employees have their own restrooms?

- Shared
- Employee only

2. Does the restroom have...?

- Hot and cold water
- Drying facilities (paper towel or air blower)
- Soap dispensers (wall mounted or individual pump dispensers)
- Trash receptacle
- Signage (“Employees must wash hands before returning to work”)

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 Taunton Board of Health may nullify this approval.

Applicant's signature: _____

Applicant's printed name: _____

Date: _____

Approval of these plans and specification 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 pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.

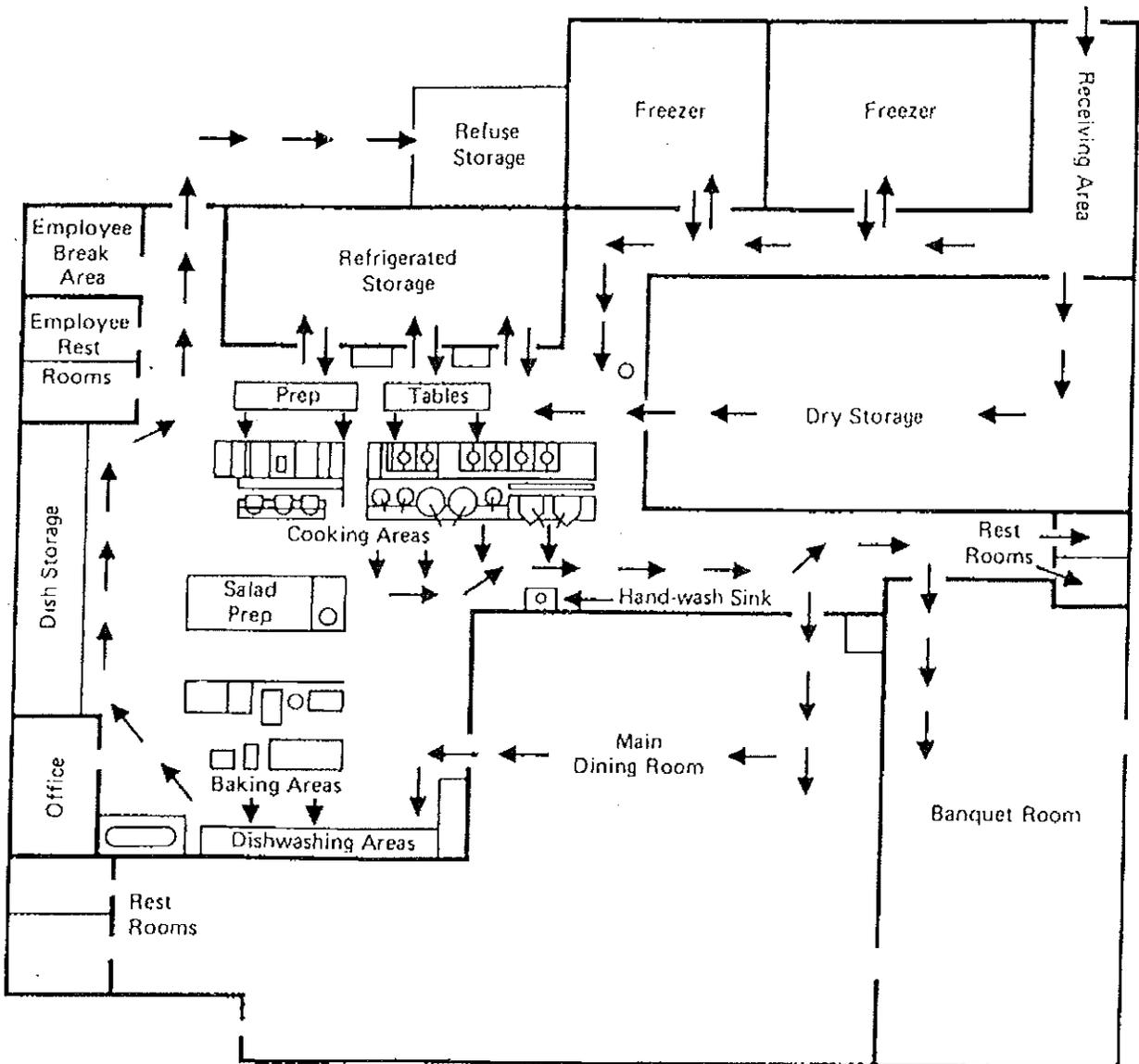
APPENDICES / EXAMPLES

- (a) Floor Plan
- (b) Final Menu

The Taunton Board of Health does not intend to recommend or represent any company or piece of equipment shown on the following pages.

FOOD ESTABLISHMENT FLOOR PLAN

Simplified foodservice floor plan. Arrows indicate normal work-flow patterns



FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

Approved By

Permit # Issued

**Taunton Board of Health
Food Establishment Permit Application**

(Application must be submitted at least 30 days before the current permit expires)

1) Establishment Name:													
2) Establishment Address:													
3) Establishment Mailing Address (if different):													
4) Establishment Telephone No:													
5) Applicant Name & Title:													
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; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>									
<u>Name</u>	<u>Title</u>	<u>Home Address</u>											
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:												

Food Establishment Information

14) Water Source: DEP Public Water Supply No: (if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
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) - Attach a true copy of certificate.</i>			
19) Person Trained in Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Location: (check one) <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Food Service - (Seats) <input type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (Meals/Day)	<input type="checkbox"/> Caterer (vehicles) <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: (check one) <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: <input type="checkbox"/> Temporary/Dates/Time:	Other (Describe) 22a) Additional Permits (check all that apply) <input type="checkbox"/> Milk (used or sold) <input type="checkbox"/> Frozen Dessert Machine (soft serve or yogurt)		
23) Food Operations: (check all that apply):		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 which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours:	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/OR HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe):	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<i>To be completed by the Board of Health</i> Total Permit Fee: _____ Payment is due with application	
	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food		

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 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) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____



City of Taunton
Board of Health
 45 School Street
 Massachusetts 02780-3212

BOARD MEMBERS
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 DR. C. NASON BURDEN
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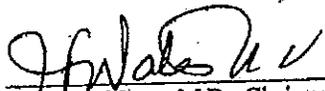
Fee Schedule Changes

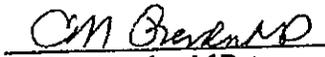
<u>Food Service Fees</u>	<u>New Fee</u>
Milk Permit (Increase from \$10.00)	\$25.00
Frozen Desert Permit (Increase from \$25.00)	\$50.00
Mobile Food Permit (Increase from \$100.00 per Truck)	\$150.00
Catering Permit (Increase from \$100.00, + \$25.00 per Truck)	\$150.00
Retail Food Permits (Increase from \$75.00)	\$150.00
Supermarket Permit (Increase from \$200.00)	\$250.00
Food Establishment Permit (Increase from \$100.00, + .50 Per Seat, Max \$300.00)	(see below)

<u>Seats</u>	<u>Fee</u>
0 - 50	\$150.00
51 - 100	\$200.00
101 - 150	\$250.00
151 - 300	\$300.00

Miscellaneous

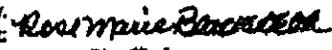
Pool/Spa Permit (Increase from \$100.00)	\$150.00
Camp permits (Increase from \$10.00)	\$100.00
Solid Waste Hauler Permits (Increase from \$100.00)	\$150.00


 Joseph F. Nates, M.D., Chairman


 C. Nason Burden, M.D.


 Bruce E. Bodner, M.D.

Adopted May 4, 2010

A true copy.
 Attest: 
 City Clerk

Food Establishment Permit Definitions

These definitions should be used in conjunction with the fee schedule.

- Food Service: Where any food product is heated, opened, sliced or prepared in any way.
- Retail: Products are packaged by a licensed manufacturer and remains intact until opened by the consumer. In addition to prepackaged food items, retail establishments are limited to coffee service only. Any other food item (i.e. hot dogs, popcorn, etc.) or beverage items (i.e. slush drinks) that are provided will require a Food Service permit and will require that the establishment have a 3-bay sink to properly wash, rinse, and sanitize all food contact equipment.
- Catering: Preparation and transportation of meals intended for individual portion service or a company preparing food in a location other than their permitted establishment.
- Mobile: Self-propelled vehicle-mounted food establishment or push cart.
- Milk: Any establishment that sells milk as retail, or that uses milk for coffee service or as part of any food preparation process.

Billing Policy

Annual licenses, permits or fees or renewals of same which require billing by the Taunton Board of Health, shall be sent to the applicant thirty (30) days prior to the anniversary date prescribed under Massachusetts General Law. The license or permit will be issued on the thirtieth (30th) day if a valid check payable to the "City of Taunton" has been received by the last day. If the valid check has not been received within the proper time frame, the license or permit will not be issued for that year, or suspended if the check is found to be invalid after the thirty day time frame. The business or commercial activity authorized under the license, permit or fee shall be terminated by the Board of Health for the remainder of the year, or until such time, as a new application with valid check has been submitted to the Board of Health, which will further require a special inspection of the business premises, commercial vehicle or site by an inspector of the Board of Health. After these requirements haven been met, the appropriate license, permit or certification will be issued and the business or commercial activities may resume.

In cases where a bad check is received and found to be invalid for insufficient funds, a replacement payment shall be required by bank certified check or money order only, in addition the City of Taunton Treasure's Office required a \$25.00 surcharge. There will be no exceptions of this policy.

Your cooperation and assistance is required to avoid untimely delays in the operation of your business activities.