

**AMHERST INSPECTION SERVICES**

**4 BOLTWOOD AVENUE • AMHERST • MA • 01002**

**Office (413) 259-3030 Fax (413) 259-2402**

[www.amherstma.gov](http://www.amherstma.gov)

**NEW FOOD ESTABLISHMENT AND PLAN REVIEW APPLICATION**

NEW \_\_\_\_\_ REMODEL \_\_\_\_\_ CONVERSION\_\_\_\_\_

Name of Establishment \_\_\_\_\_ Date \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Owner/Applicant \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Contact Person (if different) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

If Corporation or partnership, give name, title & home address of officers or partners.

<u>Name</u>	<u>Title</u>	<u>Home Address</u>	<u>Home Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____

State of Incorporation \_\_\_\_\_ Name & Address of Local Agent \_\_\_\_\_

Emergency Response Person: \_\_\_\_\_ Home phone \_\_\_\_\_

**Person in Charge (attach Food Manager Certificate) Designated Alternate (attach Food Manager Certificate)**

**ANNUAL PERMIT TYPE** (Check all that apply)

**FEE**

**AMOUNT ENCLOSED**

<input type="checkbox"/> Bakery	150.00	_____
<input type="checkbox"/> Catering	150.00	_____
<input type="checkbox"/> Food Establishment	300.00	_____
<input type="checkbox"/> Fraternity/Sorority/Faith based organization (non-profit)	100.00	_____
<input type="checkbox"/> Frozen Dessert	100.00	_____
<input type="checkbox"/> Residential Kitchen	75.00	_____
<input type="checkbox"/> Retail	200.00	_____
<input type="checkbox"/> Supermarket	900.00	_____

**Note:** Mobile Food Operations requires a separate application

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

**TEMPORARY EVENTS:** List Events you plan to participate in this year (additional permits may be required):

**RENOVATION/CONSTRUCTION OPERATIONS**

Construction Manager \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Projected Construction Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**FOOD OPERATIONS**

Total Square Feet \_\_\_\_\_ Number of floors \_\_\_\_\_ Projected Food Service Start Date: \_\_\_\_\_

Regular Hours of Food Operation

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Number of Staff with Choke-Saver Training \_\_\_\_\_ Total Number of Staff \_\_\_\_\_

Type of Food Service (check all that apply)

- ( ) Sit down Meals **Number of Seats** \_\_\_\_\_
- ( ) Take Out\*
- ( ) Caterer
- ( ) Mobile Food Operations
- ( ) Other (please specify) \_\_\_\_\_

Maximum Meals Served Daily (Approx.number)

Breakfast \_\_\_\_\_  
 Lunch \_\_\_\_\_  
 Dinner \_\_\_\_\_

\*Please note: Expanded polystyrene food containers may not be used in the Town of Amherst.

**REQUIRED DOCUMENTS TO BE ATTACHED TO THE FOOD ESTABLISHMENT APPLICATION**

- Food Manager Certifications for person in charge and designated alternate
- Allergy Awareness Certification
- Anti-Choking Training Certification (exempt if less than 25 seats: see below: Type of Food Service)
- Workers' Compensation Affidavit
- Workers' Compensation Policy Declaration (exemptions apply: see Affidavit)
- Business Certificate from Town of Amherst City Clerk's Office or state
- Proposed Menu
- Mobile Food Operations Application (if applicable)
- HACCP\*\* (if applicable: see Menu)
- Specification sheet for each piece of equipment
- Plan drawn to scale of facility showing location of equipment, plumbing and electrical; include location of any exterior facility or equipment (dumpsters, walk-ins)

\*\*Required for: specialized processing methods of foods (Reduced Oxygen Packaging; use of additives to render a food non PHF (TCS) food; curing/smoking for preservation; molluscan shellfish tanks.)

**SEE THE PERMIT ADMINISTRATOR AT AMHERST INSPECTIONAL SERVICES FOR ADDITIONAL DEPARTMENTAL SUBMISSIONS AND REQUIREMENTS:**

_____ <b>Building</b>	_____ <b>Plumbing</b>
_____ <b>Conservation</b>	_____ <b>Police</b>
_____ <b>Electrical Inspector</b>	_____ <b>Town Manager's Office</b>
_____ <b>Fire Department</b>	_____ <b>Zoning</b>
_____ <b>Planning</b>	_____ <b>Other:</b> _____

**A. FOOD SUPPLIES**

1. Are all food supplies from inspected and approved sources? **YES NO N/A**
2. Provide the projected frequencies of deliveries:  
Frozen foods \_\_\_\_\_  
Refrigerated goods \_\_\_\_\_  
Dry goods \_\_\_\_\_
3. Provide the amount of space (in cubic feet) allocated:  
Dry Storage \_\_\_\_\_  
Refrigerated Storage \_\_\_\_\_  
Frozen Storage \_\_\_\_\_
4. How will dry goods be stored off the floor?

**B. POTENTIALLY HAZARDOUS FOOD (PHF)**

Check all categories of Potentially Hazardous Foods to be handled, prepared and/or served.

- a. Thin meats, poultry, fish, and eggs (hamburger; sliced meats; fillets) **YES NO**
- b. Thick meats, whole poultry (roast beef; whole turkey, chickens, hams) **YES NO**
- c. Cold processed foods (salads, sandwiches, vegetables) **YES NO**
- d. Hot processed foods (soups, stews, rice, noodles, gravy, casseroles) **YES NO**
- e. Bakery goods (pies, custards, cream fillings & toppings) **YES NO**

**C. COLD STORAGE**

1. Is there adequate, approved freezer and refrigeration space available to store refrigerated foods at **41°F (5°C)** and below? **YES NO N/A**
2. Is there adequate, approved freezer space available to store frozen foods in a manner that keeps the food frozen. **YES NO N/A**
3. Specify number and type of refrigeration and freezer units. **Label locations on plans and attach specification sheets to application.**

Number of refrigeration units _____	Number of freezer units _____
_____	_____
_____	_____
_____	_____

4. Does each unit have a thermometer? **YES NO N/A**

5. Is there a bulk ice machine(s)? **YES NO N/A**

If yes, please label locations on plans and attach specification sheets to application.

a. How often is the machine sanitized? \_\_\_\_\_

b. Name of company that sanitizes the machine: \_\_\_\_\_

6. Are there additional ice stations? **Please label locations on plans.** **YES NO N/A**

7. Are ice scoops held in a commercial scoop holder? **YES NO N/A**

**D. THAWING FROZEN POTENTIALLY HAZARDOUS FOOD (PHF)**

Please indicate how frozen potentially hazardous foods (PHF's) in each category will be thawed. More than one method may apply.

Thawing Method	Thick Frozen Foods (More than an inch)	Thin Frozen Foods (One inch or less)
Refrigeration		
Cold Running Water		
Microwave (as part of cooking process)		
Cooked from frozen state		
Other (describe)		

**E. COOKING**

1. Will food product thermometers be used to measure final cooking temperatures of PHFs? **YES NO N/A**

2. List types of cooking equipment. **Label locations on plans and attach specification sheets to application.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Provide the following information on small appliances:

Small Appliances	Number	Location	Type	Food Grade Cover (Y/N)
Slicers				
Cutting boards				
Can Openers				
Mixers				

## F. HOT AND COLD HOLDING

1. How will hot foods be maintained at **140°F (60°C)** or above during holding for service?

Specify type and number of hot holding units. **Label on plans and attach specification sheets to application.**

_____	_____	_____
_____	_____	_____
_____	_____	_____

2. How will cold foods be maintained at **41°F (5°C)** or above during holding for service? Specify type and number of cold holding units (salad, buffet, etc.) **Label on plans and attach specification sheets to application.**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## G. COOLING

Please indicate by checking the appropriate boxes how PHF's will be cooled to **41°F within 6 hours** (**135°F to 70°F in 2 hours and 70°F to 41°F in 4 hours**).

Cooling Method	Thick Meats	Thin Meats	Thin Soups or Gravy	Thick Soups or Gravy	Rice Noodles
Shallow pans					
Ice baths					
Reduce volume /size					
Rapid chill					
Location where cooling will take place:					

## H. REHEATING

1. How will foods that are cooked and cooled be reheated so that all parts of the food reach a temperature of at least **165°F for 15 seconds**?

2. Specify type and number of units used for reheating foods.

**Label on plans and attach specification sheets to application.**

_____	_____	_____
_____	_____	_____
_____	_____	_____

## I. FOOD PREPARATIONS

- |                                                                                                                                                                                                                                   |            |           |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are containers constructed of safe materials, with tight fitting lids, to store bulk food?                                                                                                                                     | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 2. Will all produce be washed on-site prior to use?                                                                                                                                                                               | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| a. Is there a planned location used for washing produce?                                                                                                                                                                          | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| b. Please describe.                                                                                                                                                                                                               |            |           |            |
| 3. Describe method of sanitizing food preparation surfaces.                                                                                                                                                                       |            |           |            |
| 4. Will the facility be serving food to a highly susceptible population?<br>If yes, how will the temperature of foods be maintained during transfer between kitchen and service areas?                                            | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 5. Will disposable gloves, and/or utensils, and/or food grade paper be used to prevent handling of ready to-eat foods?                                                                                                            | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 6. Will ingredients for cold ready-to-eat foods such as tuna, mayonnaise and eggs for salads and sandwiches be pre-chilled before being mixed and/or assembled?<br>If not, how will ready-to-eat foods be <b>cooled to 41°F</b> ? | <b>YES</b> | <b>NO</b> | <b>N/A</b> |

## J. EMPLOYEES

1. How will food employees be trained in good food sanitation practices?
- Method of training \_\_\_\_\_
- Number(s) of employees \_\_\_\_\_ Number of staff per shift \_\_\_\_\_
- Dates of completion \_\_\_\_\_
2. Please state the policy to exclude or restrict food workers who are sick or have infected cuts and lesions.  
**or attach a copy of the policy.**

## K. DRESSING ROOMS/EMPLOYEE STORAGE AREA

- |                                                                                                                                                                                               |            |           |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| Are dressing rooms provided?                                                                                                                                                                  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| If no, describe storage facilities for employees' personal belongings (i.e., purse, coats, boots, umbrellas, etc.) <b>Please label dressing room or alternate storage space on the plans.</b> |            |           |            |

**L. LINENS**

- 1. Will linens be used on site? YES NO N/A
- 2. Are laundry facilities (washer and dryer) available on site? YES NO N/A  
If yes, please label location on plans.
- 3. Location of clean linen storage: \_\_\_\_\_ Label location on plans.
- 4. Location of dirty linen storage: \_\_\_\_\_ Label location on plans
- 5. Name of off-side laundry services: \_\_\_\_\_

**M. FINISH SCHEDULE**

Please indicate which materials (quarry tile, stainless steel, 4" plastic coved molding, etc.) will be used in the following areas.

Area	Floor	Coving	Walls	Ceiling
<b>Kitchen</b>				
<b>Bar</b>				
<b>Food Storage</b>				
<b>Other Storage</b>				
<b>Toilet Rooms</b>				
<b>Dressing Rooms</b>				
<b>Garbage and Refuse Storage</b>				
<b>Mop Service Basin Area</b>				
<b>Ware washing Area</b>				
<b>Walk in Refrigerators and Freezers</b>				

**N. INSECT AND RODENT HARBORAGE / GARBAGE AND TRASH**

**1. INTERIOR:**

- |                                                                                               | Yes    | No     | N/A    |
|-----------------------------------------------------------------------------------------------|--------|--------|--------|
| a. Are all outside doors self-closing and rodent proof for summer?                            | [    ] | [    ] | [    ] |
| b. Are screen doors provided on outside doors for use in summer?                              | [    ] | [    ] | [    ] |
| c. Do all operable windows have a minimum #16 mesh screening?                                 | [    ] | [    ] | [    ] |
| d. Are all pipes, electrical conduit chases, ventilation systems, exhaust and intakes sealed? | [    ] | [    ] | [    ] |
| e. Is area around building clear of unnecessary brush, litter boxes or other harborage?       | [    ] | [    ] | [    ] |
| f. Are air curtains used?<br>If yes where _____                                               | [    ] | [    ] | [    ] |
| g. Will any refuse be stored inside?<br>If yes, where? _____                                  | [    ] | [    ] | [    ] |

**2. EXTERIOR:**

- |                                                                                                           |        |        |        |
|-----------------------------------------------------------------------------------------------------------|--------|--------|--------|
| h. Do all bins have lids?                                                                                 | [    ] | [    ] | [    ] |
| i. Is there a bin cleaning area?                                                                          | [    ] | [    ] | [    ] |
| j. Will a dumpster be used?<br>Number _____ Size _____<br>Frequency of pick up _____<br>Contractor _____  | [    ] | [    ] | [    ] |
| k. Will a compactor be used?<br>Number _____ Size _____<br>Frequency of pick up _____<br>Contractor _____ | [    ] | [    ] | [    ] |
| l. Is there a separate recycling bin(s)?                                                                  | [    ] | [    ] | [    ] |

**m. Are you in compliance with the 2014 Town of Amherst ban of Expanded Polystyrene food containers?    \_\_\_ Yes    \_\_\_ No**



**O. WATER SUPPLY**

- 1. Is there a public water supply? YES NO N/A
- 2. Is there a private water supply? YES NO N/A  
If yes, please attach copy of written approval and/or permit.
- 3. What is the capacity of the hot water generator? \_\_\_\_\_

**P. SEWAGE DISPOSAL**

- 1. Is the building connected to the municipal sewer system? YES NO N/A  
If no, attach copy of written approval and/or permit for private disposal system.
- 2. Do you have grease traps or plan to install grease traps? If yes, YES NO N/A  
Name of septage hauler contracted to pump grease trap quarterly \_\_\_\_\_

**Q. PLUMBING**

- 1. Have all backflow prevention devices (air gaps, air breaks, check valves, “P” traps, vacuum breakers) been professionally installed and maintained? YES NO
- 2. Please identify the person/company that provides plumbing services  
Name, address and phone \_\_\_\_\_
- 3. Do you plan to add or change the existing plumbing? *If yes, show this on the plans.* YES NO

**R. EXHAUST HOODS**

1. Indicate all areas where exhaust hoods are installed

Location	Filters and/or extraction devices	Square feet	Fire Protection	Air Capacity CFM	Air Makeup CFM

2. Exhaust hood systems maintenance

- a. Name, address and phone \_\_\_\_\_
- b. System cleaning: 3 months, 6 months, 9 months, 12 months, Other \_\_\_\_\_
- c. Vent cleaning: Weekly, Bi-monthly, Monthly, Other \_\_\_\_\_

**S. DISHWASHING FACILITIES**

- |                                                                                                                                                                            |            |           |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Is there a mechanical Dishwasher on site?                                                                                                                               | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| a. Type of sanitization used:<br>Hot water (temp. provided) _____<br>Booster heater _____<br>Chemical type _____                                                           |            |           |            |
| b. Is ventilation provided?                                                                                                                                                | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| c. Do all dish machines have templates with operating instructions?                                                                                                        | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| d. Do all dish machines have accurately working temperature and pressure gauges?                                                                                           | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 2. Does the largest pot and pan fit into each compartment of the pot sink?                                                                                                 | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in sinks or put through a dishwasher, be sanitized? |            |           |            |
| 4. Is there a three compartment sink on site?                                                                                                                              | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| a. Are there drain boards on both ends of the sink?                                                                                                                        | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| b. What type of sanitizer is used?<br><br>Chlorine (    )<br>Iodine (    )<br>Quaternary ammonium (    )<br>Hot water (    )<br>Other- Please specify _____                |            |           |            |
| 5. Are test papers and/or kits available for checking sanitizer concentration?                                                                                             | <b>YES</b> | <b>NO</b> | <b>N/A</b> |

**T. HAND WASH SINKS AND TOILET FACILITIES**

- |                                                                                                                             |            |           |            |
|-----------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are there hand washing sinks in each food preparation/ware washing area?                                                 | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 2. Do all hand washing sinks, including those in the restrooms, have                                                        |            |           |            |
| a. mixing valve or combination faucet?                                                                                      | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| b. hot and cold running water under pressure available?                                                                     | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| c. self-closing metering faucets provide a flow of water for at least 15 seconds without the need to reactivate the faucet? | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| d. hand cleanser available?                                                                                                 | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| e. hand drying facilities: paper towels, air blowers, or single use towels?                                                 | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 3. Are all toilet room doors self-closing?                                                                                  | <b>YES</b> | <b>NO</b> | <b>N/A</b> |

- |                                                                   |            |           |            |
|-------------------------------------------------------------------|------------|-----------|------------|
| 4. Are all toilet rooms equipped with adequate ventilation?       | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 5. Are covered waste receptacles available in each restroom?      | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 6. Is there a hand washing sign posted in each employee restroom? | <b>YES</b> | <b>NO</b> | <b>N/A</b> |

**U. TOXINS**

- |                                                                                                                                        |            |           |            |
|----------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|
| 1. Are insecticides/rodenticides stored separately from cleansers/sanitizers?<br>Provide location.                                     | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 2. Are all toxics for use on the premises (this includes personal medications)<br>stored away from food preparation and storage areas? | <b>YES</b> | <b>NO</b> | <b>N/A</b> |
| 3. Are all containers of toxics including sanitizing spray bottles clearly labeled?                                                    | <b>YES</b> | <b>NO</b> | <b>N/A</b> |

**STATEMENT:**

**Pursuant to M.G.L. 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 all State Taxes required under law.**

**I certify under penalties of perjury 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. A copy of the 105 CMR 590.000 has been provided to me by Amherst Inspection Services. I am knowledgeable of the Massachusetts Food Code and agree to abide by it. I agree to abide by the Town of Amherst regulations.**

**Date \_\_\_\_\_ Print Name and Title \_\_\_\_\_**

**X \_\_\_\_\_  
Signature of Owner, Corporate Officer or legal responsible**

**Approval of these plans and specifications by Amherst Inspection Services Does Not indicate compliance with any other code, law or regulations that may be required (Federal, State, or Local.) Further, the approval 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 compliance with the local and state laws governing food service establishments have been met.**

**FOR OFFICE USE ONLY:**

**REVIEWER'S CHECK LIST**

	<b>Sat.</b>	<b>UnSat.</b>	<b>N/A</b>	<b>Comments</b>
<b>A. Food Supplies</b>	[ ]	[ ]	[ ]	
<b>B. PHF</b>	[ ]	[ ]	[ ]	
<b>C. Cold Storage</b>	[ ]	[ ]	[ ]	
<b>D. Thawing</b>	[ ]	[ ]	[ ]	
<b>E. Cooking</b>	[ ]	[ ]	[ ]	
<b>F. Hot/Cold Holding</b>	[ ]	[ ]	[ ]	
<b>G. Cooling</b>	[ ]	[ ]	[ ]	
<b>H. Reheating</b>	[ ]	[ ]	[ ]	
<b>I. Food Preparations</b>	[ ]	[ ]	[ ]	
<b>J. Employees</b>	[ ]	[ ]	[ ]	
<b>K. Dressing Rooms</b>	[ ]	[ ]	[ ]	
<b>L. Linens</b>	[ ]	[ ]	[ ]	
<b>M. Finish Schedule</b>	[ ]	[ ]	[ ]	
<b>N. Harborage/Garbage</b>	[ ]	[ ]	[ ]	
<b>O. Water Supply</b>	[ ]	[ ]	[ ]	
<b>P. Sewage Disposal</b>	[ ]	[ ]	[ ]	
<b>Q. Plumbing</b>	[ ]	[ ]	[ ]	
<b>R. Exhaust Hoods</b>	[ ]	[ ]	[ ]	
<b>S. Dishwashing</b>	[ ]	[ ]	[ ]	
<b>T. Hand wash/Toilet</b>	[ ]	[ ]	[ ]	
<b>U. Toxins</b>	[ ]	[ ]	[ ]	
<b>Documents</b>				
<b>Menu</b>	[ ]	[ ]	[ ]	
<b>HACCP (if applicable)</b>	[ ]	[ ]	[ ]	
<b>Specification sheets</b>	[ ]	[ ]	[ ]	
<b>Plan of facility</b>	[ ]	[ ]	[ ]	

**Other Comments:**

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Approved pending pre-opening inspection.

Approved with conditions \_\_\_\_\_

Not Approved \_\_\_\_\_

\_\_\_\_\_  
Reviewer Name and Title

\_\_\_\_\_  
Date