



# TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER  
30 Providence Road  
Grafton, Massachusetts 01519  
(508) 839-5335 X 119 • Fax: (508) 839-8559  
E-mail: [healthdept@town.grafton.ma.us](mailto:healthdept@town.grafton.ma.us)

**HEALTH AGENT**  
Lois Luniewicz, REHS/RS, CHO  
(508) 839-5335 X 128

**PUBLIC HEALTH NURSE**  
Patricia Pighetti-Parent, R.N.  
508-839-5335 X 129

## BOARD OF HEALTH

Deborah A. Chouinard RNC, MSN  
Karen Gwozdowski Gauvin  
Richard J. Kirejczyk

## REVISED / NOVEMBER, 2008 PLEASE READ CAREFULLY

TO: **ALL HOLDERS OF PERMITS / LICENSES**

All permits/licenses expire on December 31<sup>st</sup> of each year. Please complete **ALL** enclosed paperwork **in its entirety** including date, signatures and required attachments. Some applications are two-sided. Failure to complete **ALL** paperwork or receipt of your application after December 31, 2008 will delay receipt of your license/permit resulting in a **\$100.00 Non-Compliance Fee**.

### FOOD ESTABLISHMENTS:

**PRIVATE WELL WATER:** Any establishment that has its own private well supply must submit a current well analysis with application. Contact this office for current list of required test parameters and certified laboratories.

**Note:** test parameters were updated April, 2005.

**SEASONAL FOOD ESTABLISHMENTS (including Mobile):** Please contact the office thirty (30) days prior to opening to arrange for pre-opening inspection.

**CATERERS - REMINDER:** If you check Caterer on your application please be aware it is **your** responsibility to notify the Board of Health Office in the town in which you serve the meal the following: the date, the time, the location, the menu and the name of the event within seventy-two (72) hours of the event being held.

**FOOD MANAGER CERTIFICATION** (CPFM, i.e. – ServSafe) – Certifications expire five (5) years after issuance. If certifications have already or are about to expire in 2009, renewal will be required. You can contact this office for information on upcoming classes in the area and, if at least ten individuals express interest, arrangements can be made to hold a class in Grafton.

**FOOD ESTABLISHMENT REGULATIONS** – An updated version of the “Merged” Food Code for Massachusetts is now available through an independent vendor. If you have not yet purchased the new Code you are requested to and are required to have a copy of this Code at your establishment upon inspection. Failure to comply could result in a \$100.00 non-compliance fee being assessed.

**BUILDING DEPARTMENT 106.5 INSPECTIONS** – Please attach a copy of your most recent Certificate of Inspection issued by the Building Official.

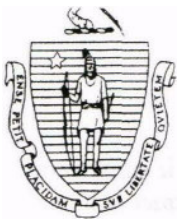
If you have any questions or need assistance in completing the applications please feel free to contact the office at the above number or visit the office between 8:30 and 4:30. We thank you for your cooperation in this matter.

For the Board,

Lois Luniewicz, REHS/RS, CHO  
Health Agent  
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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

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an 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 required]

**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 corporation 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 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.

**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 (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 #: \_\_\_\_\_

# 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."

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## 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.

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## 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.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111  
Tel. # 617-727-4900, ext. 406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)



7. An establishment may also be called in for a public hearing for the following:
  - A. The initial inspection reveals many violations.
  - B. The initial inspection reveals repeat violations.
  - C. Refusal to cooperate with the Board of Health or its Agent.
  - D. Serious violations with regard to public safety and sanitation.
  - E. Establishments involved in a foodborne illness outbreak.
  
8. If you are called in for a public hearing after your reinspection and your license is not suspended or revoked at that hearing, you will automatically be placed on **PROBATION.**

Your probationary period will last for one year. During that time, your establishment will be inspected at quarterly intervals by the Health Agent of the Board of Health.

9. If at any time of the secondary reinspection you have not satisfied the requirements as listed in Chapter X of the State Sanitary Code, and/or if continued operation of your establishment constitutes a threat or danger to the health and well being of the public, the Board of Health, or its duly authorized Agents, has the authority to immediately close your establishment by suspending your operating permit.
  
10. Fees: Any facility deemed by the Board of Health or its Agents to need a **third** inspection (second reinspection) or any additional inspections will be charged a **non-compliance fee of \$100.00/per additional inspection. Also, any repeat violations from year to year will be charged a non-compliance fee of \$100.00 per violation.**

Food Establishment: \_\_\_\_\_  
Signature

\_\_\_\_\_

Print

\_\_\_\_\_

Date



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NOVEMBER, 2008

# FEE SCHEDULE

FOOD ESTABLISHMENTS .....	\$100.00
MOBILE UNITS .....	\$100.00
ONE DAY EVENTS .....	\$10.00 (per day)
NON-PROFIT .....	\$10.00
NON-COMPLIANCE .....	\$100.00