

**DIVISION OF HEALTH INSPECTIONS PROCEDURES FOR OBTAINING A MOBILE PERMIT
(PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)
PRUSSESSU PA GABINETI DI INSPESONS DI SAUDI PASSA LISENSA PA BENDA ANBULANTI
(FAVOR DI LÊ KU ATENSON Y FAZI PERGUNTA SI BU KA TEN SERTEZA KI BU INTENDÊ)**

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections **CANNOT** be performed if information is incomplete and not submitted prior to inspection.

Pa Departamentu di Servisus di Inspeson (ISD) podi passa un Lisensa di Saudi pa Benda di Kumida Anbulanti, ten ki mandadu siguintis dokumentus antis di inspeson. Inspeson **KA PODI** ser fetu si infurmason stiver inkonpletu y ka mandadu antis di inspeson.

If you are vending in the City of Boston you may have to go to Police Headquarters, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

Si bu ta bendi na Sidadi di Boston talves bu mesti bai Sedi di Pulisia, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, pa sertifika undi ki bu podi bendi. (ALGUNS ARIAS É RESTRINGIDU)

If you are a mobile food walk or truck you are required to contact Office of Economic Development Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201. 617- 635-1456

Si bu ta bendi kumida na un kamion o stason anbulanti fixu bô é obrigadu kontatâ *Office of Economic Development* (gabineti di dezentovimentu ekonomiku), na Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201. 617- 635-1456

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

Si bu ka ta sta num lugar permanenti, bu mesti ten un lisensa *Hawkers and Peddlers* passadu pa Division of Standards (pa padron di kualidadi), One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

If you are vending on a public property, you must obtain a permit from the Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

Si bu ta bendi num propriadadi/terrenu públiku, bu mesti tira lisensa na Departamentu di Obras Públikas - Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118. 617-635-5300.

Si bu ta bendi nun propriadadi privadu, bu mesti tira lisensa di uzu di terrenu (*Use of Premises*) passadu pa Departamentu di Servisus di Inspeson - Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118. 617-635-5300.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 617-635-4505.

Si bu ta bendi na un parki di sidadi, bu mesti tira lisensa di departamentu ki ta regula parkis y divertimentu - Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 617-635-4505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

Bô é obrigadu di pidi un kópia di Kódigu Sanitáriu di Massachusetts (Sanitary Code 105CMR 590.000) y 1999 Federal Food Code (kódigu federal di kumida, di 1999). Bu ta pidi kes dos kópia na State House Bookstore, RM 116, and 617-727-2834.

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas McAdams at 617-961-3293.

Unidadis nobu pa benda di kumida anbulanti ten ki manda planus pa aprovason di Sekretaria di Saudi antis di pidi un Lisensa di Saudi. Revizion di planus ta ser fetus só ku markason ku Thomas McAdams pa telefoni 617-961-3293.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit. Tudu unidadi móvel o karrinhu di benda di kumida ta funsiona di un stablisimentu fixu lisensiadu y ten ki bai dos (2) bes pa dia na kel stablisimentu pa buska tudu kumidas y mantimentus y pa tudu unidadi di linpeza y dezinfeson y ekipamentu. Bu ten ki skrebi un karta, na papel tinbradu di kel stablisimentu, ta deklara ki bu ten autorizason di ses parti pa fazi tudu kel; bu ta leba karta djuntu ku kópia di ses lisensa.

If you sell potentially hazardous foods, you are required to have a full time on site certified food protection manager assigned to the mobile food operation. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

Si bu ta bendi kumidas ki podi ser prigozu (PHFs), bô é obrigadu ten un jerenti setifikadu na pruteson di kumida tenpu interu na lugar di funsionamentu di unidadi móvel di kumida. Pur favor pidi pakoti di infurmason sobri kursu. Munisipiu/Sidadi di Boston ka ta dâ es kursus, es é dadu pa konsultoris privadu.

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are performed at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Mobile Food permits fees are \$100 per unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is \$100. You are also be required to have a lab that will test your machines once a month and submit those reports to the Health Division. **No application will be excepted if the Tax ID # is blank.**

Bu mesti prienxi un rekerimentu di Sekretaria di Saudi y prezentâ dokumentus y lisensas ki mestedu na altura di inspeson. Inspeson é fetu na 1010 Massachusetts Ave, di Sefunda ti sexta-fera, entri 8 ora y 9:30 di plamanhan. Taxas di lisensas pa Móvel Anbulanti di Kumida é \$100 pa kada unidadi y \$30 kada un si bu ta bendi leti o sorveti. Si bu ta fabrika sobremeza konjeladu di um mákina di tirâ, taxa é \$100. Bu ten ki ten un laboratóriu pa testâ mákinas un bes pa mês y manda relatórius di testi pa Sekretaria di Saudi. **Ka ta eskcludu ninhun rekerimentu si dixadu Nunbru di Kontribuinti en blanku.**

If you are using propane, generators or open flame you are required to contact Boston Fire Department, 1010 Mass. Ave. Boston, MA 02118. Ask to speak with Special Hazards Division, 617-343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact Dave Hayes, Fire Marshal's Office at 617-343-2019.

Si bu uza gas propanu, jerador ou lumi diskubertu/abertu bô é obrigadu kontatâ *Boston Fire Department* (bonberus), 1010 Mass. Ave. Boston, MA 02118. Pidi pa papia ku *Special Hazards Division* (gabineti special di prigu), 617-343-3447, pa sabi si bu mesti un inspeson y/o lisensa di insendiu. Si bu tiver un sistema izaustor di fumu, bô é obrigadu kontatâ Dave Hayes, Fire Marshal's Office, pa telefoni 617-343-2019.

BOSTON INSPECTIONAL SERVICES DEPARTMENT
 DIVISION OF HEALTH INSPECTIONS 1010 MASSACHUSETTS AVE.
 BOSTON, MA 02118
 Tel (617) 635-5326 Fax (617) 635-5388

Food Establishment Permit Application
 Rekerimentu di Lisensa pa Stablisimentu di Kumida

FOR BOARD OF HEALTH USE ONLY					
Date Received	Date Inspected	Approved By	Permit # Issued		Fee

1) Establishment Name: 1) Nomi di Stablisimentu:	
2) Establishment Address: 2) Enderessu di Stablisimentu:	
3) Establishment Mailing Address (if different): 3) Enderessu di Stablisimentu pa Kurreiu (si for diferenti):	
4) Establishment Telephone No: 4) No. di Telefoni di Stablisimentu:	
5) Applicant Name and Title : 5) Nomi y Títlu di Rekerenti:	
6) Applicant Address: 6) Enderessu di Rekerenti:	
7) Applicant Telephone No: 7) No. di Telefoni di Rekerenti:	7A) Applicant Email: 7A) Email di Rekerenti:
8) Owner Name and Title (if different from applicant): 8) Nomi y Títlu di Donu (si for diferenti di rekerenti):	
9) Owner Address (if different from applicant): 9) Enderessu di Donu (si for diferenti di rekerenti):	
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 partners: <u>Name:</u> <u>Title:</u> <u>Address:</u> <hr/> <hr/> <hr/>

<p>10) Stablisimentu é Propriedadi di:</p> <p><input type="checkbox"/> Un assosiasion</p> <p><input type="checkbox"/> Un korporason</p> <p><input type="checkbox"/> Un individu</p> <p><input type="checkbox"/> Un sossiadadi</p> <p><input type="checkbox"/> Otu entidadi juídiku/legal</p>	<p>11) si for un korporason o sossiadadi, dâ nomi, títlu y enderessu di kaza di jerentis o sósius:</p> <p><u>Nomi:</u> <u>Títlu:</u> Enderessu:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</p>	
<p>Name & Title :</p> <p>Address:</p> <p>Telephone No:</p> <p>Emergency Telephone No:</p>	<p>Fax:</p>
<p>12) Pessoa Responsável Diretu pa Funsionamentu Diáriu (Donu, Enkarregadu, Supervisor, Jerenti/jestor, etc.)</p>	
<p>Nomi & Títlu:</p> <p>Enderessu:</p> <p>No di Telefoni</p> <p>No Telefoni di Imerjencia:</p>	<p>Fax:</p>
<p>13) District Or Regional Supervisor (<i>if applicable</i>)</p>	
<p>Name & Title :</p> <p>Address:</p> <p>Telephone No:</p>	<p>Fax:</p>
<p>13) Supervisor Distrital O Rejional (<i>si for kazu</i>)</p>	
<p>Nomi & Títlu:</p> <p>Enderessu:</p> <p>No di Telefoni</p>	<p>Fax:</p>
<p>14) Source of Water:</p> <p>Sewage Disposal:</p> <p>Rendering Co. (For</p>	<p>15) Rubbish Disposal Co. _____</p> <p>Rendering Co. (For Grease)</p>
<p>14) Fornesedor di Agu:</p> <p>Sistema di Zgotu:</p> <p>Konpanhia ki ta presta servisu (Pa</p>	<p>15) Konpanhia di Lixu. _____</p> <p>Konpanhia pa diskarta Gordura Sólidu</p>
<p>16) Days and Hours of Operation:</p>	<p>17) No. of Food Employees</p>
<p>16) Dias y Oráriu di Funsionamentu :</p>	<p>17) No. di Enpregadus di Kumida</p>
<p>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).</i> Allergen Certification: Yes: _____ No: _____</p>	

18) Nomi di Pessoa Enkarregadu ku Sertifikadu di Jeston/Jerênsia na Pruteson di Kumida:

Obrigatôriu desdi Outubru 1, 2001 di akordu ku regulamentu 105 CMR 590.003(A). Sertifikadu di Alergenu: Sin: _____ Nau: ____

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No

19) Pessoa Treinadu na Prossedimentu Anti-Engasgadura (si tiver 25 o mas lugar sintadu): Sin Nau

20) Location:

(check one)

Permanent Structure

Mobile

Reg.#: _____

Base of Operation: _____

20) Lokal:

(markâ un)

Strutura Permanenti

Móvel

Reg.#: _____

Sedi di Funsionamentu: _____

22) Length of Permit:

(check one)

Annual

Seasonal/Dates

_____ Temporary/Dates/Time

Base of Operation: _____

22) Durason di Lisensa:

(marka un)

Anual

Sasonal/Datas

_____ Temporáriu/Datas/ora

Sedi di Funsionamentu: _____

21) Establishment Type (check all that apply)

Retail (_____ sq. ft.)

Caterer

Food Service (_____ Seats)

Food Delivery

Food Service-Takeout

Food Service-Institution

Mobile Food Walk-on

(_____ Meals/Day)

(_____ Beds)

Bakery

Frozen Dessert Manufacturer

Other (Describe):

21) Tipu di Stablisimentu (marka tudu ki ta aplika na kazu)

Benda a Vulsu (_____ sq. ft.)

Kumida pa Fora

Serbisu di Kumida (_____ lugar sintadu)

Entrega di kumida

Servisu di Kumida-Takeout

Karru di kumida

Instituison di Servisu di Kumida

(_____ Refeison/Dia)

(_____ Kamas)

Benda di bolu

Fabrikanti di Subremesa kongeladu

Otu (Deskrebi):

23) Food Operations:
(check all that apply):

Definitions: PHF-potentially hazardous food (time/temperatures controls required) Non-PHF's-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"/> Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order <input type="checkbox"/> Preparation of PHFs For Hot And Cold Holding For Single Meal Service	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service
<input type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility
<input type="checkbox"/> Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Vacuum Packaging/Cook Chill
<input type="checkbox"/> Reheats Commercially Processed Food for service within 4 hours	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Use Of Process Requiring a Variance and/or HACCP Plan
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw or Undercooked Food of Animal Origin
<input type="checkbox"/> Delivers Food Within 1 Hour of Variance and/or HACCP Plan Preparation	<input type="checkbox"/> Offers RTE PHF in Bulk Quantities	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service
<input type="checkbox"/> Other (Describe): _____ _____	<input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	
23) Formas di Sirbi Kumidas: (marka tudu ki ta aplika):	Definison: <i>PHF-kumidas ki podi ser prigozu (obligatóriu knontrolu di ora/tenpratura) Kumidas ki ka é prigozu/ka ta straga faxi (ka mesti kontrolu di ora/tnmpratura) RTE-kumida dja prontu pa kumê (Ex. Sanduixis, saladas, muffins ki ka mesti mas prossessamentu).</i>	
<input type="checkbox"/> Kumidas ka prigozu enpakotadu kumersialmenti	<input type="checkbox"/> Kumidas PHF cuzinhadu pa ordi <input type="checkbox"/> Preparason di kumidas PHF pa sirbidu kenti y friu pa un só servisu di refeison	<input type="checkbox"/> Kumida PHF cuzinhadu kenti y resfriadu o mantidu kenti pa mas di un servisu di refeison
<input type="checkbox"/> Preparason di kumidas <i>Non-PHF's</i>	<input type="checkbox"/> Benda di kumida di animal krua pa konsumidor kuzinha el mé	<input type="checkbox"/> Kumidas PHF y RTE preparadu pa un instalason di pessoas mas propensu pa panha intoxikaso alimentar
<input type="checkbox"/> Kumidas ka prigozu enpakotadu kumersialmenti	<input type="checkbox"/> Konsumidor ta sirbi ku sêmon	<input type="checkbox"/> Enpakotamentu na Vakuum /Kuzinha Jeladu
<input type="checkbox"/> Ta skenta kumida prossessadu kumersialmenti pa sirbi dentu di 4 ora	<input type="checkbox"/> Jelu fabrikadu y enbaladu/enpakotadu pa venda a vulsu	<input type="checkbox"/> Uzu di Prussessu ki ta mesti dokumentus txomadu <i>Variance y Planu HACCP</i>
<input type="checkbox"/> <i>Self-Service</i> (pa konsumidor) só di kumidas ki é ka prigozu y ka ta straga faxi	<input type="checkbox"/> Sumu fabrikadu y enpakotadu pa venda a vusu	<input type="checkbox"/> Ta bendi kumida di origen animal krua o mal kuzidu

<input type="checkbox"/> Entrega di kumida dentu di 1 ora stipuladu pa preparason na <i>Variance y/o Planu HAACP</i>	<input type="checkbox"/> Ta bendi kumida pronto (RTE) y ki podi ser prigozu en grandi kuantidadi	<input type="checkbox"/> Ta prepara kumida/refeison individual pa fora pa eventus o servisu di kumida di un organizason
<input type="checkbox"/> Otu (Deskrebi): <hr/> <hr/>	<input type="checkbox"/> Venda a vulsu di kumida rekuperadu, fora di prazu o apruveitadu	

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 1999 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) Federal ID: _____

26) Signature of Individual or Corporate Name: _____

Mi, sinadu di baxu, N ta konfirma berdadi/exatidon di infurmason dadu nes rekerimentu y N ta afirma ki funsionamentu di stablisimentu di kumida ta kunpri regulamentu 105 CMR 590.000 y tudu lei aplikável. Direson di Saudi da-m instruson sobri ranja kópias di regulamentu 105 CMR 590.000 y di kódigu alimentar federal di 1999.

24) Sinatura di Rekerenti: _____

Di akordu ku lei di stadu MGL Ch. 62C, sec. 49A, N ta deklara sob pena di perjúriu ki, dentu di nha kunhesimentu y krensa, N kompletâ tudu inpostu di renda y N pagâ tudu inpostu/taxa di stadu obligatóriu pa lei.

25) No. di identifikason (ID) federal: _____

26) Sinatura di un Individu o Nomi di Konpanhia: _____

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
 Deklarason di Seguru kontra Assidenti di Trabadju: Enprezas en Jeral

Applicant Information

Infurmason di rekerenti

Please Print Legibly

Favor Inprimi Lejível

Business/Organization Name: _____

Nomi di Enpreza/Organizason: _____

Address: _____

Enderessu: _____

City/State/Zip: _____ Phone#: _____

(Sidadi/Stadu/Kódigu Postal)

No. di Telefoni: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> 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]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. Other _____</p>
<p>Nho/a é patron/a? Marka kuadrado adekuadu:</p> <p>1. <input type="checkbox"/> Mi é patron/entidadi patronal ku _____ enpregadus (tenpu interu y/o tenpu parsial).*</p> <p>2. <input type="checkbox"/> Mi é propietáriu individual o sosiadadi y N ka ten ninhun enpregadu ta trabadja pa mi na ninhun kapasidadi [seguru kontra assidenti di trabadju ka é obligatóriu]</p> <p>3. <input type="checkbox"/> Nos é un korporason ku jerntis ki uzâ ses direitu di izenson pa kapitulu 152, §1(4), y nu ka ten enpregadus. [seguru kontra assidenti di trabadju ka é obligatóriu] **</p> <p>4. <input type="checkbox"/> Nos é un organizason sen fin lukrativu, ta funsiona ku voluntáriu, sen ninhun enpregadu. (seguru kontra assidenti di trabadju ka é obligatóriu)</p>	<p>Tipu di Negósiu/enpreza (obligatóriu):</p> <p>5. <input type="checkbox"/> Venda a vulsu</p> <p>6. <input type="checkbox"/> Restoranti/Bar/ Stablisimentu pa sirbi kumida</p> <p>7. <input type="checkbox"/> Skritóriu y/o kumérsiu (inkl. Benda di kaza, karru, etc.)</p> <p>8. <input type="checkbox"/> Sen fin lukrativu</p> <p>9. <input type="checkbox"/> Entretimentu/divertimentu</p> <p>10. <input type="checkbox"/> Fábrica</p> <p>11. <input type="checkbox"/> Atendimentu di Saudi</p> <p>12. Otu _____</p>

* 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.

* Kualker rekerenti ki marka kuadrado no. 1 ten ki prienxi tanbé kel parti di baxu pa dá infurmason di ses regulamentu di seguru kontra assidentis di trabadju.

** Si jerentis di korporason toma izenson ma korporason ten otus enpregadus, un seguru kontra assidenti di trabadju é obligatóriu y kel organizason debi marka kuadrado no. 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.

Mi é un entidadi patronal ki ten seguru kontra assidentis di trabadju pa nhas enpregadus. Infurmason di seguru sta abaxu.

Nomi di Konpanhia di Seguru: _____

Enderessu di Seguradora: _____

Sidadi/Stadu/Kódigu Postal: _____

No. di Apólisi o Lisensa di Seguru Partikular _____ Prazu di Validadi: _____

Manda djuntu un kópia di pájina di deklarason di apólisi di seguru kontra assidenti na trabadju (ki ta mostra nunbru di apólisi y prazu di validadi).

Falta di kobertura obrigatóriu pa Artigu 25A di lei MGL c. 152 podi implika inpuzion di puniso kriminal di un multa ti \$1,500.00 y/o un anu di prizon/kadia, alen di punison na forma di *STOP WORK ORDER* (ordi pa para trabadju) y un multa di ti \$250.00 pa dia kontra violador. Toma nota ki un kópia des deklarason li podi ser mandadu pa *Office of Investigations* (gabineti di investigason) di DIA (departamentu di assidentis industrial) pa verifikason di kobertura di seguru.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

N ta deklara pa es meu, sob pena di perjúriu, ki infurmason fornesidu di riba é verdaderu y korretu.

Signature: _____ Date: _____

Sinatura: _____ Data: _____

Phone#: _____

No. di Telefoni: _____

Official use only. Do not write in this area, to be completed by city or town official.

Só pa uzu ofisial. Ka nhos skrebi na es aria, kel parti li ta ser prienxidu pa ofisial di sidadi o vila.

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 #: _____

ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A
RESPONDI TUDU PERGUNTA. KEL KI KA TA APLIKA BU KAZU, SKREBI N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:
MARKA KU UN SIRKULU DI RODA DI TUDU KEL KI TA APLIKA BU NEGÓSIU:

CANTEEN TRUCK MOBILE KITCHEN PUSHCART ICE CREAM TRUCK OTHER
KAMION KANTINA KUZINHA MÓVEL KARRINHU KAMION DI JELADU OTU

SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK
BENDA DI: SOBREMEZA /IOGURTI KONJELADU, SORVETI / O LETI

MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)
FABRIKU DI: SOBREMEZA /IOGURTI KONJELADU, SORVETI (KREMOZU)

NAME OF VEHICLE/PUSHCART _____
NOMI DI KARRU/KARRINHU ANBULANTI
BASE OF OPERATION _____
SEDI DI OPERASON/NEGÓSIU
STREET CITY STATE & ZIP _____
RUA, SIDADI, STADU & KÓDIGU POSTAL

VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT YES _____ NO _____
KARTA DI KONFIRMASON DI UN KUMISSÁRIU O STABLISIMENTU LISENSIADU SIN _____ NAU _____

LOCATION IN THE CITY (BE SPECIFIC)
STREET NAMES & SECTION OF THE CITY
LOKAL DENTU DI SIDADI (LUGAR SPESIFIKU)
NO. Y NOMI DI RUA & PARTI DI SIDADI

DAYS AND TIMES
DIAS Y ORÁRIU

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HANDWASHING SINK ON MOBILE UNIT Y/N
UNIDADI MÓVEL TEN LAVATÓRIU PA LABA MON S/N

TOILET FACILITIES ARE AVAILABLE AT _____
INSTALASON DI KUARTU BANHU DISPONÍVEL NA

FOOD PRODUCTS TO BE SOLD SOURCE OF FOOD PRODUCTS
PRODUTUS DI KUMIDA PA BENDA. PROVINIÊNSIA DI PRODUTUS DI KUMIDA

HOT FOOD ITEMS (Be Specific)
KUMIDAS KENTI (Artigus Spesifikadu)

COLD FOOD ITEMS (Be Specific)
KUMIDAS FRIU (Artigus Spesifikadu)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MECHANICAL REFRIGERATION Y/N
REFRIGERASON MEKANIKU S/N

MAKE & YEAR OF VEHICLE _____
MARKA & ANU DI KARRU

STATE OF REGISTRATION _____
STADU DI REGISTRU

REGISTRATION # _____
NO. DI REGISTRU

IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:
SI BU TA FABRIKA SOBREMEZA KONJELADU /SORVETI, FAVOR PRIENXI INFURMASON SEGUINTI:

WHERE IS THE MIX PURCHASED FROM/NAME OF COMPANY _____
UNDI KI MISTURA FOI KONPRADU/NOMI DI KONPANHIA

IS THE MIX PASTEURIZED? YES _____ NO _____ NUMBER OF REFRIGERATORS/FREEZERS _____
MISTURA É PASTEURIZADU? SIN _____ NAU KANTU JILERA/KONJELADOR _____

ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? Y/N
BU TEN KUNHESIMENTU DI REGULAMENTUS SOBRI ENVIU MENSAL DI RELATÓRIUS DI ANÁLIZI? S/N