



**TOWN OF YARMOUTH BOARD OF HEALTH  
APPLICATION FOR LICENSE/PERMIT - 2019**

\* Please complete form and attach all necessary documents by **December 15, 2018**.  
**NOTE: ALL BUSINESSES WITH LIQUOR LICENSES MUST RETURN FORMS BY NOVEMBER 15<sup>th</sup>.**  
Failure to do so will result in the return of your application packet.

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ESTABLISHMENT NAME: \_\_\_\_\_ TAX ID: \_\_\_\_\_  
 LOCATION ADDRESS: \_\_\_\_\_ TEL.#: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 OWNER NAME: \_\_\_\_\_  
 CORPORATION NAME (IF APPLICABLE): \_\_\_\_\_  
 MANAGER'S NAME: \_\_\_\_\_ TEL.#: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_

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**POOL CERTIFICATIONS:**

**The pool supervisor must be certified as a Pool Operator, as required by State law.** Please list the designated Pool Operator(s) and attach a copy of the certification to this form.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Pool operators must list a minimum of two employees currently certified in standard First Aid and Community Cardiopulmonary Resuscitation (CPR), having one certified employee on premises at all times. Please list the employees below and attach copies of their certifications to this form. **The Health Department will not use past years' records. You must provide new copies and maintain a file at your place of business.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

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**FOOD PROTECTION MANAGERS - CERTIFICATIONS:**

All food service establishments are required to have at least one full-time employee who is certified as a Food Protection Manager, as defined in the State Sanitary Code for Food Service Establishments, 105 CMR 590.000. Please attach copies of certification to this application. **The Health Department will not use past years' records. You must provide new copies and maintain a file at your establishment.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**PERSON IN CHARGE:**

Each food establishment must have at least one Person In Charge (PIC) on site during hours of operation.

1. \_\_\_\_\_ 2. \_\_\_\_\_

**ALLERGEN CERTIFICATIONS:**

All food service establishments are required to have at least one full-time employee who has Allergen certification, as defined in the State Sanitary Code for Food Service Establishments, 105 CMR 590.009(G)(3)(a). Please attach copies of certification to this application. **The Health Department will not use past years' records. You must provide new copies and maintain a file at your establishment.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**HEIMLICH CERTIFICATIONS:**

All food service establishments with 25 seats or more must have at least one employee trained in the Heimlich Maneuver on the premises at all times. Please list your employees trained in anti-choking procedures below and attach copies of employee certifications to this form. **The Health Department will not use past years' records. You must provide new copies and maintain a file at your place of business.**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

RESTAURANT SEATING: TOTAL # \_\_\_\_\_

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**OFFICE USE ONLY**

<b>LODGING:</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>		
___ B&B	\$55	_____	___ CABIN	\$55	_____	___ MOTEL	\$110	_____
___ INN	\$55	_____	___ CAMP	\$55	_____	___ SWIMMING POOL	\$110ea.	_____
___ LODGE	\$55	_____	___ TRAILER PARK	\$105	_____	___ WHIRLPOOL	\$110ea.	_____
<b>FOOD SERVICE:</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>		
___ 0-100 SEATS	\$125	_____	___ CONTINENTAL	\$35	_____	___ NON-PROFIT	\$30	_____
___ >100 SEATS	\$200	_____	___ COMMON VIC.	\$60	_____	___ WHOLESALE	\$80	_____
<b>RETAIL SERVICE:</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>			<b>LICENSE REQUIRED FEE PERMIT #</b>		
___ <50 sq.ft.	\$50	_____	___ >25,000 sq.ft.	\$285	_____	___ VENDING - FOOD	\$25	_____
___ <25,000 sq.ft.	\$150	_____	___ FROZEN DESSERT	\$40	_____	___ TOBACCO	\$110	_____
NAME CHANGE:	\$15	_____	<b>AMOUNT DUE = \$ _____</b>					

## ADMINISTRATION

Under Chapter 152, Section 25C, Subsection 6, the Town of Yarmouth is now required to hold issuance or renewal of any license or permit to operate a business if a person or company does not have a Certificate of Worker's Compensation Insurance. **THE ATTACHED STATE WORKER'S COMPENSATION INSURANCE AFFIDAVIT MUST BE COMPLETED AND SIGNED, OR**

CERT. OF INSURANCE ATTACHED \_\_\_\_\_

**OR**

WORKER'S COMP. AFFIDAVIT SIGNED AND ATTACHED \_\_\_\_\_

Town of Yarmouth taxes and liens must be paid prior to renewal or issuance of your permits. **PLEASE CHECK APPROPRIATELY IF PAID:**

YES \_\_\_\_\_ NO \_\_\_\_\_

## MOTELS AND OTHER LODGING ESTABLISHMENTS

**TRANSIENT OCCUPANCY:** For purposes of the limitations of Motel or Hotel use, Transient occupancy shall be limited to the temporary and short term occupancy, ordinarily and customarily associated with motel and hotel use. Transient occupants must have and be able to demonstrate that they maintain a principal place of residence elsewhere. Transient occupancy shall generally refer to continuous occupancy of not more than thirty (30) days, and an aggregate of not more than ninety (90) days within any six (6) month period. Use of a guest unit as a residence or dwelling unit shall not be considered transient. Occupancy that is subject to the collection of Room Occupancy Excise, as defined in M.G.L. c. 64G or 830 CMR 64G, as amended, shall generally be considered Transient.

## POOLS

**POOL OPENING:** All swimming, wading and whirlpools which have been closed for the season must be inspected by the Health Department prior to opening. Contact the Health Department to **schedule the inspection three (3) days prior to opening.** PLEASE NOTE: People are NOT allowed to sit in the pool area until the pool has been inspected and opened.

**POOL WATER TESTING:** The water must be tested for pseudomonas, total coliform and standard plate count by a State certified lab, and submitted to the Health Department three (3) days prior to opening, and quarterly thereafter.

**POOL CLOSING:** Every outdoor in ground swimming pool must be drained or covered within seven (7) days of closing.

## FOOD SERVICE

### SEASONAL FOOD SERVICE OPENING:

All food service establishments must be inspected by the Health Department **prior to opening.** Please contact the Health Department to schedule the inspection three (3) days prior to opening.

### CATERING POLICY:

Anyone who caters within the Town of Yarmouth must notify the Yarmouth Health Department by filing the required Temporary Food Service Application form 72 hours prior to the catered event. These forms can be obtained at the Health Department, or from the Town's website at [www.yarmouth.ma.us](http://www.yarmouth.ma.us) under Health Department, Downloadable Forms.

### FROZEN DESSERTS:

Frozen desserts must be tested by a State certified lab prior to opening and monthly thereafter, with sample results submitted to the Health Department. Failure to do so will result in the suspension or revocation of your Frozen Dessert Permit until the above terms have been met.

### OUTSIDE CAFÉS:

Outside cafes (i.e., outdoor seating with waiter/waitress service), must have prior approval from the Board of Health.

### OUTDOOR COOKING:

Outdoor cooking, preparation, or display of any food product by a retail or food service establishment is **prohibited.**

## TOBACCO PRODUCT PERMIT CAP

A tobacco permit holder who has failed to renew his or her permit within thirty (30) days of the previous year's permit expiration date is considered an expired license, and the tobacco license cap is reduced.

**NOTICE:** Permits run annually from January 1 to December 31. **IT IS YOUR RESPONSIBILITY TO RETURN THE COMPLETED RENEWAL APPLICATION(S) AND REQUIRED FEE(S) BY DECEMBER 15, 2018.**

ALL RENOVATIONS TO ANY FOOD ESTABLISHMENT, MOTEL OR POOL (i.e., PAINTING, NEW EQUIPMENT, ETC.), MUST BE REPORTED TO AND APPROVED BY THE BOARD OF HEALTH PRIOR TO COMMENCEMENT. RENOVATIONS MAY REQUIRE A SITE PLAN.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_