



**CITY OF LAWRENCE**  
INSPECTIONAL SERVICES DEPARTMENT  
BUILDING • PLUMBING INSPECTOR • FOOD INSPECTOR • HEALTH DEPARTMENT  
CODE ENFORCEMENT • WEIGHTS & MEASURES

Michael Armano  
DIRECTOR OF INSPECTIONAL SERVICES/  
AGENT BOARD OF HEALTH

City Hall • 200 Common Street • Lawrence, MA 01840  
Tel: (978) 620-3130 • Fax: (978) 722-9320  
www.cityoflawrence.com

April 18, 2019

**Re: Annual Food Establishment Permit Renewal Notification**

Dear Food Establishment Owner:

This letter is to inform you that your annual Food Establishment Permit will expire on **May 31, 2019**. A renewal application must be submitted to this Department prior to the expiration date listed above to maintain a valid Food Establishment Permit. Under Massachusetts regulations 105 CMR 590 – State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments and the Federal *2013 Merged Food Code*, **“a person may not operate a food establishment without a valid permit to operate issued by the regulatory authority.”**

Renewal Fees	
Food Establishment Permit	\$125.00
Late Fee Added to Applications Received after May 31	\$100.00
Milk Permit	\$20.00

All applicants for an annual Food Establishment Permit must:

- Have on staff at least one certified food protection manager in each affected establishment who has been issued a **Massachusetts certificate of allergen awareness training** per 105 CMR 590.009(G).
- Pay all outstanding taxes, water, sewer fines and fees to the City and obtain **signoffs from the Tax Collector, Water & Sewer Department, and Inspectional Services Department** per City Ordinance Section 25-10.
- When required, possess a **Certificate in Food Handling Practice** from an accredited program approved by this Department. *Note: Failure to do so will result your license not being renewed and/or suspension of your license to operate a food establishment. If this occurs, your food establishment will have to close until such time as you are in compliance with State regulations.*

**VERY IMPORTANT: YOU MUST BRING IN YOUR ORIGINAL CERTIFICATE IN FOOD HANDLING PRACTICE WHEN YOU COME IN TO APPLY FOR YOUR PERMIT.**

- **\*NEW FOR 2016\*** Have grease trap(s) or interceptor installed to control the discharge of fats, oils, and grease (FOG) into the public sewer system and **obtain a FOG Permit from the Water & Sewer Department** per revised City Ordinance Chapter 8.32.

Return applications and fees **in person** to: City Hall, Inspectional Services Department, Food Division, 200 Common Street, Room 209 Lawrence, MA. **Do not mail applications.** Payment must be submitted via check or money order made payable to City of Lawrence. **No cash will be accepted per City Ordinance.** If you have any questions, please contact this Department at (978) 620-3130.



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## **PROCEDURES FOR FOOD SERVICES/ RETAIL FOOD ESTABLISHMENTS**

### Certificates/Permits Required:

1. Business Certificate (City Clerk's Office, 1<sup>st</sup> Floor, Room 107)
2. Certificate of Inspection (Building Department, 2<sup>nd</sup> Floor, Room 207)
3. Food Services/Retail Food License/Milk License if applicable (Inspectional Services, 2<sup>nd</sup> Floor, Room 209)
4. Common Victualler License (Food Services & Catering Only) (Licensing Board, 2<sup>nd</sup> Floor Room, 206)
5. Food Safety Course Certification
6. Allergy Awareness Certificate
7. Fire Suppression System Report
8. Hood Cleaning System Report
9. Fats, Oils, and Grease (FOG) Permit (Water & Sewer Department, 2<sup>nd</sup> Floor, Room 204)

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### Food Truck Requirements

1. Business Certificate (City Clerk's Office, 1<sup>st</sup> Floor, Room 107)
2. Must apply for a State Hawkers and Peddlers License
3. Must have truck inspected by Fire Prevention, Food Inspector, Electrical Inspector, and Plumbing Inspector
4. Food Services/Retail Food permit/Milk License if applicable (Inspectional Services 2nd Fl. Room 209)
5. Food Safety Certificate
6. Allergen Awareness Certificate
7. Fats, Oils, and Grease (FOG) Permit (Water & Sewer Department, 2<sup>nd</sup> Floor Room 204)

### CHANGE OF OWNERSHIP

If a change of ownership occurs in an existing business, that business shall remain closed until proper permits to re-open under new ownership have been approved by the Lawrence Board of Health. Failure to comply will result in immediate closure and a hearing before the Board of Health, before any license being granted to open.

**Do not mail applications. Sign offs are required from the Tax Collector, Water & Sewer Department, and Inspectional Services Department before any permit may be granted.**



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**\$100 late fee after May 31**

DIRECTOR OF INSPECTIONAL SERVICES/  
AGENT BOARD OF HEALTH

New \_\_\_\_\_ Renewal \_\_\_\_\_ Permit # Issued \_\_\_\_\_

## FOOD ESTABLISHMENT PERMIT APPLICATION

(Application must be submitted at least 30 days before the planned opening date)

1. Name of Establishment: \_\_\_\_\_

2. Establishment Address: \_\_\_\_\_

3. Establishment Mailing Address (if different): \_\_\_\_\_

4. Establishment Telephone #: \_\_\_\_\_

Email Address (Mandatory): \_\_\_\_\_

5. Applicant Name & Title, Date of Birth: \_\_\_\_\_

6. Applicant Address: \_\_\_\_\_

7. Applicant Telephone #: \_\_\_\_\_

24 Hour Emergency #: \_\_\_\_\_

8. Owner Name & Title (if different from applicant): \_\_\_\_\_

9. Owner Address (if different from applicant): \_\_\_\_\_

10. Establishment Owned by:

- An association       A corporation       Other legal entity \_\_\_\_\_  
 An individual       A partnership

11. If a corporation or partnership, give name, title, and home address of officers or partner.

Name                                      Title                                      Home Address

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

12. Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)

Name & Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Telephone #: \_\_\_\_\_

13. District Or Regional Supervisor (applicable) \_\_\_\_\_

Name & Title: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ Fax: \_\_\_\_\_

**FEES: Food \$125**

**Milk \$20**

**PERMIT FEES ARE NONREFUNDABLE**

**Food Establishment Information**

**14. Days and Hours of Operation:**

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**15. No. of Food Employees:**

-----  
**16. Name of Person in Charge Certified in Food Protection Management:**

(Required as of 10/1/2001 in accordance with 105 CMR 590.003 (A). **Please attach copy of Certificate.**

-----  
**17. Person Trained in Anti-Choking Procedures (if 25 seats or more):**      yes       no

-----  
**18. Location: (check all that apply)**

- |                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | <b>1. Mobile</b><br><b>(Truck, Trailer, Pushcart)</b>                             | <input type="checkbox"/> | <b>Stationary</b><br><b>(Building/Physical Address)</b> |
|                          |   | <b>or</b>                |   |
| <input type="checkbox"/> | <b>2. Temporary</b><br><b>(For one event, no longer than 14 consecutive days)</b> | <input type="checkbox"/> | <b>Permanent</b><br><b>(Year Long)</b>                  |
|                          |   | <b>or</b>                |   |

\*\*Mobile: List all location sites (Streets): \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ License# \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle ID# (VIN#) \_\_\_\_\_

-----  
**19. Length of Permit: (check one):**

Annual

Temporary Permit (Date Desired): \_\_\_\_\_  
(14 days max) From \_\_\_\_\_ To \_\_\_\_\_

-----  
**20. Establishment Type (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Retail (      sq. ft.)  | <input type="checkbox"/> Caterer   |
| <input type="checkbox"/> Food Service – (      seats)                                    | <input type="checkbox"/> Food Delivery                                     |
| <input type="checkbox"/> Food Service – Takeout  | <input type="checkbox"/> Residential Kitchen for Retail Sale               |
| <input type="checkbox"/> Food Service – Institution<br>(                      Meals/Day) | <input type="checkbox"/> Residential Kitchen: Bed-and-Breakfast Operations |
| <input type="checkbox"/> Frozen Dessert Manufacturer                                     | <input type="checkbox"/> Schools and USDA Nutrition Programs               |
| <input type="checkbox"/> Leased Commercial Kitchens                                      | <input type="checkbox"/> Bakery  |
| <input type="checkbox"/> Public Markets & Farmers Markets                                | <input type="checkbox"/> Supermarket                                       |
|  | <input type="checkbox"/> Faith Based Organizations (Non-Profit)            |
| <input type="checkbox"/> Other (Describe): _____   |  |

**Provide a detail description of business:**

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**21. Food Operations: (check all that apply)**

Definitions: **TCS** – Time/Temperature Control for Safety (time/temperature controls required)

**Non-TCSs** - Non-Time/Temperature Control for Safety (no time/temperature controls required)

**RTE** – Ready-To-Eat foods (e.g. sandwiches, salads, muffins which need no further process)

- Sale of Commercially Pre-Packaged TCSs
- Delivery of packaged TCSs
- Reheating of commercially processed foods for service within 4 hours
- Customer self-service of Non-TCS and non-perishable foods only
- Preparation of Non-TCSs
- TCS cooked to order
- Preparation of TCSs for hot and cold holding for single meal services
- Sale of raw animal foods intended to be prepared by consumer
- Prepares TIME/TEMPERATURE CONTROL FOR SAFETY FOOD in advance using FOOD in advance using FOOD preparation method that involves two or more steps which may include combing TIME/TEMPERATURE CONTROL FOR SAFETY FOOD ingredients: cooking; cooling; reheating; hot or cold holding; freezing; or thawing
- Prepares Food for delivery to and consumption at a location off the PREMISES where it is prepared
- Hot TCS cooked and cooled or hot and held for more than a single meal service
- TCS and RTE foods prepared for highly susceptible population facility
- Vacuum Packaging/Cook Chill
- Use of process requiring a Variance and/or HACCP Plan (Including bare hand contact alternative, time as a public health control)
- Offers raw or undercooked food of animal origin.
- Prepares food/single meals for catered events or Institutional Food Service
- Manufactures/ Offers Frozen Dessert (Soft Serve/Hard Serve Ice Cream, etc.)  
**\*\*Company Performing Lab Results**
- Other (Describe) \_\_\_\_\_

-----  
**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.**

**22. 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.

**23. Social Security Number or Federal ID:** \_\_\_\_\_

**24. Signature of Individual or Corporate Name:** \_\_\_\_\_  
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# CITY OF LAWRENCE

## [TAX ASSESSMENT AND VERIFICATION FORM]

CITY ORDINANCE: 3.08.110 AND 5.04.080 & G.L. C.40, SEC. 57

### COMPLIANCE LIST

#### ALL PAYMENTS REQUIRED BEFORE ISSUANCE OF PERMITS OR LICENSES

(Please print)

---

Name of Applicant

---

Applicant's current Address

---

Applicant's Telephone No.

---

City

State, Zip

---

Property Owner's Name

---

Property Owner's Address

---

Owner's Telephone No.

---

City

State, Zip

**DO YOU OWN OTHER PROPERTIES IN THE CITY OF LAWRENCE?**     YES     NO

*Please list below*

#### List of Applicant's Other Properties *(Must attach Assessor's print out of all applicant's properties)*

---

Address

Map and Lot

---

Address

Map and Lot

---

Address

Map and Lot

**More space needed** - See attached list. Attachment must be signed and dated and stamped by City departments

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#### *Applicant's Signature*

*I declare under the pains and penalties of Perjury that the statements made on this application are true and correct. I also certify that all information herein is true and complete. I understand that any misleading or incorrect statements render this application void and can be grounds for revocation of permit or license. I have not knowingly and willfully made false statements or included false documents in support of this application or permit*

**Tax Collector's Stamp (Room 101)**

\_\_\_\_\_  
Tax Collector's Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Taxes  
Demolition  
Liens)

**Water Department's Stamp (Room 204)**

\_\_\_\_\_  
Water Department's Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Water &  
Sewer)

**Inspectional Services' Stamp (Room 209)**

\_\_\_\_\_  
Inspectional Services Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Trash  
Tickets,  
etc...)

This sign off list must be attached to all permits or license applications.

All sign off must include department stamps, signatures and dates.

**PHOTOCOPIES WILL NOT BE ACCEPTED.**

**Lawrence City Ordinance 3.08.110- Payments due prior to issuance of licenses or permits.**

A. The city shall deny any application for and shall revoke or suspend any license or permit, including renewals and transfers, issued by any board, officer or department for any person, corporation or business enterprise who has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges, or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised on or about real estate whose owner has neglected or refused to pay any local taxes, fees, assessments, betterments or any other municipal charges.

B. This section shall be administered in accordance with General laws, chapter 40, section 57, as amended from time to time.

*(Ord. dated 8/2/95: prior code § 25-11)*

**Lawrence City Ordinance 5.04.080 - Denial, revocation, or suspension of licenses and permits for failure to pay municipal taxes or charges.**

A. The tax collector shall annually furnish to each department, board, commission or division, hereinafter referred to as the licensing authority, that issues licenses or permits including renewals and transfers, a list of any person, corporation, or business enterprise, hereinafter referred to as the party, that has neglected or refused to pay any local taxes, fees, assessments, betterments or other municipal charges for not less than a 12-month period, and that such party has not filed in good faith a pending application for an abatement of such tax of a pending petition before the appellate tax board.

B. The licensing authority may deny, revoke or suspend any license or permit, including renewals and transfers of any party whose name appears on said list furnished to the licensing authority from the tax collector or with respect to any activity, event or other matter which is the subject of such license or permit and which activity, event or matter is carried out or exercised or is to be carried out or exercised on or about real estate owned by any party whose name appears on said list furnished to the licensing authority from the tax collector, as required by applicable provisions of law, and the party is given a hearing, to be held not earlier than 14 days after said notice. Said list shall be prima facie evidence for denial, revocation or suspension of said license or permit to any party. The tax collector shall have the right to intervene in any hearing conducted with respect to such license denial, revocation or suspension. Any findings made by the licensing authority with respect to such license denial, revocation or suspension shall be made only for the purposes of such proceeding and shall not be relevant to or introduced in any other proceeding at law, except for any appeal from such license denial, revocation or suspension. Any license or permit denied, suspended or revoked under this section shall not be reissued or renewed until the license authority receives a certificate issued by the tax collector that the party is in good standing with respect to any and all local taxes, fees, assessments, betterments or other municipal charges, payable to the municipality as the date of issuance of said certificate. *Ord. dated 5/3/05)*

**Massachusetts General Laws (MGL) Ch 40, Section 57.** - For full language of this law visit <http://www.malegislature.gov/Laws/Search>.