



Town of Sudbury

Board of Health

DPW Office Building
275 Old Lancaster Road
Sudbury, MA 01776
978 440-5479

Calendar Year 2024

TO: Sudbury Business Owners

RE: 2024 Food License Renewal

Our records indicate it is time to renew your current Food Permit that will expire December 31, 2023. Please read through the instructions and fill out the enclosed forms. The Sudbury Health Department will require the completion of the following in order to renew your 2024 Food Permit;

- Sudbury Application (enclosed)
- Application Fee (pay to Town of Sudbury – use enclosed NEW Fee Schedule to determine fee amount required to renew)
- Worker's Compensation Insurance Affidavit (enclosed)
- Copy of your Workers Compensation Insurance Declaration page.
- Certifications: ServSafe, Food Allergen, CPR, Choking etc...
- Signup at this URL for the Emergency Notifications is required;
<https://sudbury.ma.us/r911>

As a result of recent Emergency Notifications we are requiring all business owners to sign up for reverse 911 calls for all Sudbury Town Alerts.

Send Payment and forms to the Health Department by December 31, 2023. (address below). NOTE* **There will be penalties for late submissions.**

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Thank you for your attention to this matter.

Sincerely,

Vivian Zeng

*Vivian Zeng Health Director
Sudbury Board of Health
275 Old Lancaster Rd.
Sudbury MA 01776
health@sudbury.ma.us
Monday-Friday 8:00am-3:00pm*



**SUDBURY HEALTH
DEPARTMENT**

275 OLD LANCASTER ROAD

SUDBURY, MA 01776

Tel (978)440-5479 Fax (978)440-5404

HEALTH@SUDBURY.MA.US

FOR BOARD OF HEALTH USE ONLY

Date Received

Date Inspected

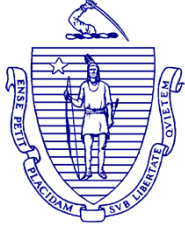
Approved By

Permit # Issued

Fee

2024 Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	Email:
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	Email:
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
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> _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	
Address:	
Telephone No:	Email:
Emergency Telephone No:	
13) District Or Regional Supervisor (if applicable)	
Name & Title :	
Address:	
Telephone No:	Email:



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
 TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a 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 req.]

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 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.

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 #: _____



Sudbury Board of Health Permit Fee Schedule

275 Old Lancaster Rd
Sudbury MA 01776
978-440-5479
Health@sudbury.ma.us

Permit/License	Fees
Animal Permits	
Animal/Stable Permit (2-year)	\$50.00
• Chicken Coop (2-year)	\$50.00
Beaver Trapping Permit	\$50.00
Body Art	
Body Art Establishment	\$600.00
Body Art Practitioner	\$600.00
Body Art Apprentice	\$300.00
Camps	
Camps 1 Session	\$250.00
Camps 2 – 4 Sessions	\$300.00
Camps 3 – 5 Sessions	\$400.00
Camps 7+ Sessions	\$500.00
Food	
Restaurants/Food Service	
• Food Service Restaurant - Less Than 50 Seats	\$350.00
• Food Service Restaurant – 50 – 99 Seats	\$600.00
• Food Service Restaurant – 100 – 149 Seats	\$725.00
• Food Service Restaurant – 149 – 199 Seats	\$850.00
• Food Service Restaurant – 200 – 249 Seats	\$975.00
• Food Service Restaurant - 250 – 299 Seats	\$1,125.00
• Food Service Restaurant – 300 +	\$1,350.00
Bakery (No Seating)	\$200.00
Caterer	\$200.00
Farmers Market	
• Seasonal (Per Stall)	\$50.00
• Weekly (Per Stall)	\$25.00
Frozen Desert Machine (per machine)	\$50.00
Food Truck (Seasonal)	\$200.00
Food Truck (One Day/Temporary)	\$75.00
Ice Cream Truck	\$200.00
Kitchen	
• Commercial/Satellite (Ghost/Cloud/Commissary Kitchens)	\$200.00
• Residential	\$100.00
Retail	
• Convenience Stores	\$200.00
• Limited	\$50.00



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Permit/License	Fees
Food (cont'd)	
• Grocery Store/Full Retail Market	\$600.00
Special Processes Requiring HACCP (Per Process)	\$200.00
Kitchen Plan Reviews	
• Limited Kitchen	\$100.00
• Less Than 50 Seats	\$200.00
• 50 – 149 Seats	\$400.00
• More Than 150 Seats	\$600.00
Retail Plan Review	
• Limited	\$100.00
• Convenience or Bakery	\$200.00
• Full Retail Market	\$600.00
Special Process HACCP Plan Review	\$200.00
Additional Construction Inspections (After 3 rd Inspection)	\$50.00 Each
Pools Public/Semi Public	
Pools Seasonal	\$200.00
Pools Year Round	\$300.00
Pools Plan Review	\$300.00
Pools Re-Inspection	\$50.00
Septic	
Soil Testing Residential and Commercial	\$250.00
Residential New Construction Plan Review (Increase in design flow)	\$750.00
Residential Repair Septic (No increase in design flow)	\$300.00
Residential Minor Repair (per component)	\$50.00
Commercial New System up to 549 gpd	\$850.00
Commercial New System 550 – 999 gpd	\$1,000.00
Commercial New System 1000 gpd +	\$100 per extra 1,000 gpd
Abandonment/Decommission (Per Component)	\$50.00
Small Waste Water Treatment Facility 2,000 – 10,000	\$1.00 Per Gallon
Commercial Innovative/Alternative GPD 2,000 – 10,000	\$1.00 Per Gallon
Annual Review/Renewal of Septic Plan (Per Lot/Per Septic)	\$100.00
Title 5 Report Filing	\$25.00
Septic Installer/Hauler and Rubbish Hauler	
Septic Installer Permit	\$200.00



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Septic Installer/Hauler and Rubbish Hauler (cont'd)	
Septic Hauler/Rubbish Hauler Permit	\$200.00
• Add \$75.00 Per Truck	\$75.00
Trench Permit	
Trench Permit (per site)	\$50.00
Tobacco	
Tobacco Sales Permit	\$250.00
Wells	
Irrigation, Potable, Geothermal, Commercial, Residential, Abandonment	\$300.00

Unless otherwise indicated, all permits are applicable for one year only and expire on December 31st of every year.

In order for a permit or license renewal to be considered by the Sudbury Health Department, it must be:

- submitted with all required documentation and attachments;
- complete and accurate;
- inclusive of payment in full.

Any outstanding fines/fees must be paid in full prior to processing a permit renewal application.

A surcharge for a late license/permit renewal will result in a DOUBLE FEE.

An inspection following noncompliance for Operating Without a Permit will result in a DOUBLE FEE.