

City of Malden

Massachusetts

Malden Board of Health
110 Pleasant Street, Second Floor
Malden, Massachusetts 02148
(781) 397-7000 ext 2049



Public Health
Prevent. Promote. Protect.

Application for Food Service Establishment Plan Review and Permit

In accordance with Section 18 of the BOH Regulations and 2013 Food Code.

This application packet will be used to determine the applicant's ability to demonstrate their knowledge of the requirements for the operation and permitting of a food service establishment. If you do not understand any portion of the packet contact this office for clarification prior to your submittal.

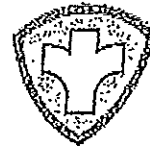
1. Complete the entire application packet. Any packet that is not **completely** filled out and that does not provide the required additional information will be returned as denied. *If you do not understand any portion of this packet contact this office for clarification prior to submittal. Application fees are non-refundable.*
2. All applications must be accompanied by a non-refundable \$75.00 application fee.
3. All Application must be submitted at least 30 days prior to a planned opening to allow for a complete plan review per Food Code, 8-302-11.
4. Ensure the establishment floor plan submitted is stamped and signed by a Registered Sanitarian or Certified Professional – Food Safety in accordance with Section 18.2 of the Malden BOH Rules & Regulations. This link provides a list of personnel that may be able to provide stamped and signed floor plans:
<http://www.mass.gov/eohhs/docs/dph/environmental/foodsafety/food-safety-exam-trainers.pdf>
5. All completed application reviews, whether approvals, denials or request for additional information will be issued in writing and sent certified mail to the applicant using the information provided in the application submitted.

X / N.A	Check off all applicable completed forms / Information
	Food Establishment Permit Application
	Food Establishment Plan Review Application
	Common Victualer's Application
	Worker's Compensation Insurance Affidavit
	Floor Plan Stamped and signed By Registered Sanitarian or CP-FS
	Copy of Establishment Menu
	Copy of Serv Safe & Allergen Awareness Certificate-not applicable to Retail Stores
	Copy of Choke Saver Certificate – For establishments with 25 seats or more



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Public Health
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Food Establishment Plan Review Application

In accordance with Section 24, Plan Review, of the Malden Board of Health Rules and Regulations

1. Applicant Name and Phone Number:
_____ / _____
2. Address of Establishment: _____
3. Completed Food Establishment Permit Application attached w/ fee: yes _____ no _____
4. New, Remodel or Change of Owner : _____
5. Number of floors on which operations are conducted: _____
6. Projected date for start of project: ____ / ____ / ____
7. Projected date for completion of project: ____ / ____ / ____
8. Max. number of meals to be served daily (approximate number): _____
9. Food delivery schedule (estimated) i.e., 3 X per week, every ten days):

10. Please enclose the following documents, plans, and summary sheets:
 - a. Proposed menu
 - b. Manufacturer specification sheet for each piece of equipment
 - c. Site Plan showing location of business in building; location of building on site including alleys, streets; location of outside equipment including dumpsters, grease trap

d. Food Establishment Plan shall meet the following specifications:

1. Date of proposed and revised plan
2. Name and title of designer (must be a Registered Sanitarian)
3. A minimum of 11 x 17 inches in size
4. Total square feet (sq.ft.) of facility
5. Layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot
6. Location of all equipment and provide specification sheets
7. Comprehensive dry storage specifications, i.e. depths of shelves in feet, clearance between shelves in feet, total linear feet of shelving, storeroom floor area in sq. ft.
8. Summary of hot water supply requirements (Please refer to the attached Hot Water Heater Calculation Worksheet)
9. Summary of Reach- in Cooler and Walk- in Cooler space in gross cubic feet (cu.ft.)
10. Summary of Reach in Freezer and Walk-in Freezer space in gross cubic feet
11. Foot Lamps if light provided in dining, food preparation, and storage areas to include walk-in refrigeration units and freezers.

e. Include Hazard Analysis Critical Control Point (HACCP) Plan if needed

f. Include all special processes used; i.e. Reduced Oxygen Processes (ROP), canning, packaging, fermentation

g. Include written operating procedures to be used in day to day operation of the establishment.

FOR BOARD OF HEALTH USE ONLY

Date Received Date Inspected Approved By Permit # Issued

Malden Board of Health

Malden Government Center
 200 Pleasant St., Rm. 223
 Malden, Massachusetts 02148
 (781) 397-7049 (781) 397-7350 (fax)
 Email: bohresponse@cityofmalden.org



Food Establishment Permit Application *(page 1 of 3)*

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

1) Establishment Name:	
2) Establishment Address:	
3a) Establishment Mailing Address (if different):	
3b) Email Address:	
4) Establishment Telephone No:	
5) Applicant Name & Title:	
6) Applicant Address:	
7) Applicant Telephone No.:	24 Hour Emergency No :
8) Owner Name & Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By:	11) If a corporation or partnership, give name, title and officers or partner.
A corporation: _____	Name Title Home Address
A partnership: _____	_____
An association: _____	_____
An individual: _____	_____
Other legal entity: _____	_____
12) Person Directly Responsible For Daily Operations (Owner, Person-In-Charge, Supervisor, Mgr)	
Name & Title:	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
13) District or Regional Supervisor (if applicable)	
Name & Title:	
Address:	
Telephone No:	Fax:

Malden Board of Health
Food Establishment Information (page 2 of 3)

14) Water Source: DEP Public Water Supply No. (if applicable)		15) Sewage disposal:	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person-In-Charge Certified in Food Protection Management: _____			
Require as of 10/01/2001 in accordance with 105 CMR 590.003 (9A). Please attach copy of certificate.			
19) Person Trained in Anti-Choking Procedures (if 25 seats or more):		yes No	
20) Location (Circle one):		21) Establishment Type (Circle All that Apply):	
<input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile Reg #: _____		<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 Service <input type="checkbox"/> Food Service -- Institution <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home (Meals per day) <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishment <input type="checkbox"/> Other (Describe): <input type="checkbox"/> Frozen Dessert Manufacture	
22) Length of Permit (Circle one):			
<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal / Dates _____ <input type="checkbox"/> Temporary / Dates / Time			
23) FOOD OPERATION (Check All that Apply)		Definitions: PHF— potentially hazardous food (time/temperatures controls required). Non-PHF—non-potentially hazardous food (No time/temperatures controls required). RTE – ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF—Cook to order.	<input type="checkbox"/> Hot PHF cooked or cooled or hot held for More than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation of PHF's For Hot and Cold holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Food Prepared For Highly Susceptible Population Facility.	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by consumer	<input type="checkbox"/> Vacuum Packaging / Cook / Chill	
<input type="checkbox"/> Preheating of Commercially Processed Foods For Service within 4 hours	<input type="checkbox"/> Customer Self Service	<input type="checkbox"/> Use of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only	<input type="checkbox"/> Ice Manufactured and Packaged for Retail sale	<input type="checkbox"/> Offers Raw or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for retail sale	<input type="checkbox"/> Prepares Food/Single Meals for catered Event Or Institutional Food Service	
<input type="checkbox"/> Other (Describe)	<input type="checkbox"/> Offers RTE PHF in Bulk quantities. <input type="checkbox"/> Retail Sale of Salvage, Out-of- Date or Reconditioned food	To be completed by the Board of Health Total Permit Fee: _____ Payment is due with application	

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 590.00 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.

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) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

Malden Board of Health
Food Establishment Information (page 3 of 3)

State if application is for the following:

Change of Owner Ship New Construction Remodeling

Solid Waste Storage & Disposal Plan

If Dumpster is to be used provide the following mandatory information & documents In accordance with the Malden Board of Health Rules & Regulations, Section 4, Dumpster Regulations

DUMPSTER

Dumpster Location Site Drawing Attached (mandatory)

Dumpster Company Name: _____

Dumpster size: _____ yds; Days of Collection: _____

Distance from Dumpster / Enclosure to abutting buildings:

Property # 1 . _____ ft. (Applicants Building)

Property #2 _____ ft.

Property #3 _____ ft.

Property #4 _____ ft.

Property #5 _____ ft.

Applicant will use Pay As You Throw Program

Applicant will have collection by private solid waste disposal contractor

Contractors Name: _____

Daily Weekly Day(s) of collection: _____

Waste Grease / Oil Disposal

In accordance with Board of Health Regulation Section 20.

Waste Grease / Oil Contractor Name: _____

Frequency of Collection: _____ Container Size: _____ gals.

Container location must be detailed on site drawing attached to application.

Exterminator of Record

Extermination must be conducted at least once a month and a receipt *kept* on the premises for all service in accordance with Board of Health Regulation, Section 18, Regulation #3.

Company Name: _____ Address: _____

Phone Number: _____ Frequency of Extermination: _____

Licensing Board of the City of Malden

Application for a

Common Victualer's License

1. Name of Applicants
(Please Print)

Home Address

Telephone

_____	_____
_____	_____
_____	_____

2. Name and
Location of premises

3. Kind of business

4. What equipment or utensils have you for serving on the premises?
(PLEASE BE ACCURATE)

5. Are the applicants citizens of the United States?

6. Do you want to keep your premises open for business on Sunday?

7. Did you have a Common Victualer's License last year?

Signature of Applicants:

Name of Manager

Dated

Malden Government Center
200 Pleasant St., Rm. 517
Malden, Massachusetts 02148
(781) 397-7049
BOH@CityofMalden.org

City of Malden
Massachusetts
Board of Health
www.cityofmalden.org



PURSUANT TO M.G.L., CH. 62C, SEC. 49A, I CERTIFY UNDER
THE PENALTIES OF PERJURY THAT I, TO THE BEST OF MY
KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX
RETURNS AND PAID ALL STATE TAXES.

SOCIAL SECURITY NUMBER OR
FEDERAL IDENTIFICATION NUMBER

SIGNATURE OF INDIVIDUAL OR
CORPORATE NAME

CORPORATE OFFICER (IF APPLICABLE)

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."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) 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.

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) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." 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.

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



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am a 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"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] †</p> <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. ‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p>	<p>Type of project (required):</p> <p>6. <input type="checkbox"/> New construction</p> <p>7. <input type="checkbox"/> Remodeling</p> <p>8. <input type="checkbox"/> Demolition</p> <p>9. <input type="checkbox"/> Building addition</p> <p>10. <input type="checkbox"/> Electrical repairs or additions</p> <p>11. <input type="checkbox"/> Plumbing repairs or additions</p> <p>12. <input type="checkbox"/> Roof repairs</p> <p>13. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.
 † Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.
 ‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

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. Electrical Inspector 5. Plumbing Inspector

6. Other _____

Contact Person: _____ Phone #: _____

Malden Government Center
200 Pleasant St., Rm. 517
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(781) 397-7049
BOH@CityofMalden.org

City of Malden
Massachusetts
Board of Health
www.cityofmalden.org



Section 18--Food Regulations

The Board of Health of the City of Malden, Massachusetts in accordance with and under the authority granted by Chapter 111, Sections 31, 31A and 31B of the General Laws of the Commonwealth of Massachusetts thereby adopts the following rules and regulations.

1. The Malden Board of Health adopts by reference the State Sanitary Code, Chapter X, 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments.
2. All food establishments must ensure all prepared food products which cannot be properly washed before consumption be protected by shatter resistant covers or dust proof containers while on display.
3. The minimum allowable ware washing sink in food service and food handling establishments is a 3 compartment sink with a grease trap installed in accordance with the Massachusetts Plumbing Code and all applicable local codes or regulations. This ware washing system will conform to the minimum requirements of manual ware washing in accordance with State Sanitary Code, Chapter X, 105 CMR 590.013 (C) (1-12). Wall surfaces in the area of the sink will consist of water resistant material and the base of the wall must be covered. Where practical floor drains will be installed in a location that provides proper drainage of the ware washing area. This requirement shall be met at the in all new establishments, at a change of ownership, or any substantial renovation of the premises.
4. All food establishments must employ a licensed pest control contractor for year round service to assure good integrated pest management practices. Receipts for services must be kept for one year. These receipts must be kept on the premises for the inspector's review.
5. All Food Service Establishment owners and permit applicants must be certified in Food Manager Protection in accordance with the Food Code. Current permit holders will have until November 1, 2007 to come into compliance. All permit applicants starting October 19, 2006 must meet this requirement prior to permitting.
6. Critical violations as defined by 105 CMR 590.001B and adopted by the Board of Health are considered to be those hazardous to the public health and shall be cause for the immediate issuance of a citation with a fine for \$50.00 or other action as authorized by state or local regulation.
7. Failure to comply with a correction order issued by the Board of Health or its agents shall be cause for the issuance of a citation for \$50.00 or other action as authorized by state or local regulations for each violation. Each day the violation exists constitutes a separate offense.

Effective date: October 20, 2006

Section 18.2

Requirement of a Registered Sanitarian for the design of Food Establishments

A. Statement of Purpose

Whereas: CDC estimates that 76 million people get sick, more than 300,000 are hospitalized, and 5,000 Americans die each year from foodborne illness.

Whereas: Sanitarians administer environmental health programs for both public and private agencies and organizations in food protection and safety, water protection, air quality, noise, industrial and land pollution, sewage disposal, hazardous and toxic substances, solid waste management and institutional health.

Therefore: Additional precautions must be undertaken to ensure the protection of public health through the sanitary and proper design of all new and remodeled food establishments.

B. Authority

This regulation is promulgated under the authority granted to the Malden Board of Health under Massachusetts General Laws Chapter 111, Section 31 that "[b]oards of health may make reasonable health regulations."

C. Definitions

For the purposes of this regulation, the following words shall have the meanings respectively ascribed to them by this section:

- (1) Board: The Board of Health of the City of Malden.
- (2) Certified Professional-Food Safety (CP-FS): An individual holding the credential Certified Professional-Food Safety issued under the by-laws of the National Environmental Health Association.
- (3) Food Establishment: An operation that stores, prepares, packages, serves, vends, or otherwise provides food for human consumption.
This includes;
 - (i) satellite or catered feeding location; catering operation if the operation provides food directly to the consumer or to a conveyance used to transport people, market, vending location, conveyance used to transport people, institution or food bank; and
 - (ii) that relinquishes possession of food to a consumer directly, or indirectly through a delivery service such as home delivery of grocery orders or restaurant takeout orders, or delivery service that is provided by common carriers.

(4) Person: Any individual, firm, partnership, association, corporation, company or organization of any kind including, but not limited to an owner, operator, manager, proprietor or person in charge of any building, establishment, business, or restaurant or retail store, or the business agents or designees of any of the foregoing.

(5) Sanitarian: An individual, licensed by the Commonwealth of Massachusetts as a Registered Sanitarian as described in 255 CMR 2.000 through 5.000 and whose license is current and in good standing.

D. Approval of Plans

When a plan is required as designated in the 2013 FDA Food Code, Section 8-201.11, sub-sections A through C, and also at change of ownership if the establishment has been permitted for 5 years or more, said plan shall be stamped and signed by a Registered Sanitarian or CP-FS and submitted to the Board for approval. The aforementioned stamp and signature shall attest to the proper and sanitary design of the proposed food establishment and compliance with section 8-201.12, sub-sections A through F of the 2013 FDA Food Code.

E. Enforcement:

Failure to submit plans that have been stamped and signed by a Sanitarian or CP-FS shall result in denial of approval of said plans.

F. Variance

1. The Board of Health may vary the application of any provision of any of these regulations with respect to any particular case when the Board of Health finds the enforcement thereof would do manifest injustice.
2. Every request for a variance shall be made in writing to the Board of Health and shall state the specific variance sought and the reasons thereof.
3. Any variance granted must be in writing with a copy available to the public at all reasonable hours in the office of the Town Clerk and in the office of the Board of Health. Any variance granted must be posted on the premises in a prominent location for the duration that the variance is in effect.

G. Severability

1. If any section, paragraph, sentence, clause, phrase, or word of this regulation is declared invalid for any reason, that decision will not be applicable to the remaining portions of these regulations.

H. Effective Date

This regulation shall take effect on November 20, 2017

City of Malden
Board of Health

Dr. Kunwar Singh, Chairman
Dr. Kourtney Nickerson
D.J. Wilson, Esquire

Malden Board of Health Rules and Regulations, Section 18 (B),
Minimum Sanitation Standards for Food Establishments

I. Authority

These regulations are promulgated under the authority granted to the Board of Health under Massachusetts General Law chapter 111, section 31.

II. Purpose

The Health Department seeks to enhance the protection of the public's health by improving food safety and in doing so reducing foodborne illness by implementation of a risk and intervention-based food safety program.

III. Minimum Standards and Administration

- A. 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments (State Sanitary Code, Chapter X) is hereby adopted in its entirety.
- B. Food Code 2013 Recommendations of the United States Public Health Service Food and Drug Administration (2013 Food Code) and the Supplement to the 2013 Food Code is hereby adopted in its entirety in its current form. In instances where the state and federal regulations conflict, the most stringent regulation will prevail.

IV. 105 CMR 590.019.1 Non- Criminal Penalties

Any person who shall fail to comply with any order issued pursuant to the provisions of 105 CMR 590.000 or the 2013 Food Code and is issued a ticket pursuant to Section 18, Food of the Board of Health Rules and Regulations and shall pay the fine as required in these sections. Each section of 105 CMR 590.000 and Section 18, shall constitute a separate violation. Each day's failure to comply with an order shall constitute a separate violation.

V. Severability

If any paragraph or provision of this regulation is found to be illegal or against public policy or unconstitutional, it shall not affect the legality of any remaining paragraphs or provisions being in force.