

Community Name

## APPLICATION TO CONDUCT REGULATED ACTIVITIES<sub>CIS</sub>

*Anyone providing regulated services to the public must have a current Permit from the Board of Health posted at all times.*

Unless otherwise stated, all Permits expire December 31; must be renewed at least 60 days prior to expiration or start of operations.

Renewal Application    
  Renewal/Late Application    
  New Application    
  Revised Application

### BUSINESS CONTACT INFORMATION

Note: Any change in ownership or operations requires a new permit application and filing fee. \*Required Information.

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone   Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	

### REGULATED ACTIVITIES

Note: \*Check all that apply; at least one box. Permits are not transferable. Changes to any information must be approved by the Board of Health.

<input type="checkbox"/> <b>Animals</b> MGL c140, s137A; c111, s143; c128, s2B; 310 CMR 15:00; 330 CMR 16:00	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile <input type="checkbox"/> Local nonprofit/rescue	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Animal Information Form	Starting Date:		Fee: Call
	<input type="checkbox"/> Kennel <input type="checkbox"/> Stables <input type="checkbox"/> Piggery, <input type="checkbox"/> Hennerly <input type="checkbox"/> Other Livestock Operation, describe:_____					
<input type="checkbox"/> <b>Beaver Emergency</b> MGL c 131, s 40, 80A; 321 CMR 2.08, 10.	<input type="checkbox"/> New 10-day Emergency Trapping Permit <input type="checkbox"/> Renewal/ 10 day extension	Forms Attached:	<input type="checkbox"/> Beaver Information Form	Starting Date:		Fee: \$75
	<input type="checkbox"/> Annual <input type="checkbox"/> Temporary Note: no construction or other debris allowed.					
<input type="checkbox"/> <b>Clean Fill</b> Local Regulations	<input type="checkbox"/> All toxic materials removed: asbestos, mercury, chemicals, etc. <input type="checkbox"/> Rodent baiting for the previous 10 days. <input type="checkbox"/> Permit from Building Inspector required	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Other Information Form	Starting Date:		Fee: Call
	<input type="checkbox"/> Construction <input type="checkbox"/> Residential Waste <input type="checkbox"/> Grease <input type="checkbox"/> Commercial Waste, describe:___					
<input type="checkbox"/> <b>Indoor Ice Rink</b> 105 CMR 675:00	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile All information is the same as last year.	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Ice Rink Information Form	Starting Date:		Fee: Call
	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile All information is the same as last year.					
<input type="checkbox"/> <b>Tobacco/Nicotine</b> Local Regulations	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile All information is the same as last year.	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Tobacco Information Form	Starting Date:		Fee: \$100
	<input type="checkbox"/> Annual <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary/Mobile Note: Sandblasting also includes outdoor sanding & other operations impacting outdoor air quality.					
<input type="checkbox"/> <b>Sand Blasting</b> Local Regulations MGL 111, s31C 310 CMR 7:00	<input type="checkbox"/> Potable Water Plan <input type="checkbox"/> Sewer/Septic Plan <input type="checkbox"/> Run-off/ Surface Water Management Plan	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Other Information Form <input type="checkbox"/> Attach complete site plans	Starting Date:		Fee: \$500
	<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Temporary Res. <input type="checkbox"/> Additional Residential Sticker (\$5.00)					
<input type="checkbox"/> <b>Transfer Station Vehicle Access Permit</b>	<input type="checkbox"/> Commercial <input type="checkbox"/> # of Stickers requested:_____	Forms Attached:	<input type="checkbox"/> Vehicle Registration for each sticker requested	Fees:		Fee: Call
	<input type="checkbox"/> Household Waste <input type="checkbox"/> Commercial Waste <input type="checkbox"/> Other Wastes, describe:___ <input type="checkbox"/> Emergency Debris Management Site					
<input type="checkbox"/> <b>Waste Site Assignment</b> MGL 111, s150A, 1/2 310 CMR 16:00	<input type="checkbox"/> Potable Water Plan <input type="checkbox"/> Sewer/Septic Plan <input type="checkbox"/> Run-off/ Surface Water Management Plan	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Other Information Form	Starting Date:		Fee: Call
	<input type="checkbox"/> Other, describe Local Regulations					
<input type="checkbox"/> <b>Other, describe</b> Local Regulations	<input type="checkbox"/> Housing Related <input type="checkbox"/> Food Related <input type="checkbox"/> Smells <input type="checkbox"/> Noise Related <input type="checkbox"/> Other, describe:___	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Other Information Form	Starting Date:		Fee: Call
	<input type="checkbox"/> Nuisance Form MGL 111, s31C 310 CMR 7:00					
<input type="checkbox"/> <b>Nuisance Form</b>	<input type="checkbox"/> Potable Water Plan <input type="checkbox"/> Sewer/Septic Plan <input type="checkbox"/> Run-off/ Surface Water Management Plan	Forms Attached:	<input type="checkbox"/> Facility Information Form <input type="checkbox"/> Other Information Form <input type="checkbox"/> Attach complete site plans	Starting Date:		Fee: \$500
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### FACILITY INFORMATION

**Note:** If this is a New Application, please attach a site plan. Any regulated activities that are accessible by the public must complete this form.

*Site Address:		*Acres		*Business Permit:	<input type="checkbox"/> No <input type="checkbox"/> Yes, issued by _
*Drinking Water	<input type="checkbox"/> None <input type="checkbox"/> Public <input type="checkbox"/> Private, attach water test			*Garbage/Trash	<input type="checkbox"/> Contractor: _ <input type="checkbox"/> Transfer Station
*Sewage Disposal:	<input type="checkbox"/> None <input type="checkbox"/> Public <input type="checkbox"/> Private Onsite <input type="checkbox"/> Portable Toilets, supplier: __			*Medical Waste 105 CMR 480:00	<input type="checkbox"/> No <input type="checkbox"/> Yes, self-managed, describe: __ <input type="checkbox"/> Yes, Contractor: __
*Food Served, check as apply	<input type="checkbox"/> None <input type="checkbox"/> Yes, must complete Food Est. Application <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snacks			*Licensed Kitchen	<input type="checkbox"/> No <input type="checkbox"/> Yes Location: __

### ANIMAL INFORMATION

**Note:** The following information is required for a New Application and anytime this information changes. Check all that apply.

*Site Address:		*Owner:	
*Type of Animal Operation:	<input type="checkbox"/> Kennel with 4 or more dogs over 6 months of age <input type="checkbox"/> Piggery <input type="checkbox"/> Hennerly <input type="checkbox"/> Stables <input type="checkbox"/> Other Livestock <input type="checkbox"/> Other, describe: __ (Note: Kennel wastes are regulated Title 5 flows. All Animal Operations must meet ASPCA and other standards.)		
*Number of Animals:	<input type="checkbox"/> # adult dogs _____ <input type="checkbox"/> # adult pigs _____ <input type="checkbox"/> # adult birds _____	<input type="checkbox"/> # adult horses _____ <input type="checkbox"/> # other animals _____ Describe: __	*Sharps Management <input type="checkbox"/> No <input type="checkbox"/> Yes, describe below how sharps disposal is managed: __
*Open to the Public:	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete Facility Form		*Dates of Operation:
*Operating Days/Hrs:	<input type="checkbox"/> Sunday ___ <input type="checkbox"/> Monday ___ <input type="checkbox"/> Tuesday ___ <input type="checkbox"/> Wednesday ___ <input type="checkbox"/> Thursday ___ <input type="checkbox"/> Friday ___ <input type="checkbox"/> Saturday ___		

### BEAVER EMERGENCY INFORMATION

**Note:** The following information is required for a New Application and anytime this information changes. Check all that apply.

*Beaver Activity Address:	*Owner
*Reason for Emergency Permit:	<input type="checkbox"/> Road flooding <input type="checkbox"/> Septic flooding <input type="checkbox"/> Well flooding <input type="checkbox"/> Tree/crop damage <input type="checkbox"/> Property Damage <input type="checkbox"/> Other, explain _____
*Emergency Permit Requested:	<input type="checkbox"/> 10 day Emergency Trapping to remedy threat to human safety. Does not authorize trespassing on private property <input type="checkbox"/> Trapper will provide final report to BOH <input type="checkbox"/> Beaver Dam Modification to remedy threat to human safety; also requires ConCom approval
*Conservation Commission approval	<input type="checkbox"/> None required for trapping <input type="checkbox"/> Dam/Wetlands work approval date: __ <input type="checkbox"/> Copy of ConCom approval attached
*Operating Days/Hrs:	<input type="checkbox"/> Sunday ___ <input type="checkbox"/> Monday ___ <input type="checkbox"/> Tuesday ___ <input type="checkbox"/> Wednesday ___ <input type="checkbox"/> Thursday ___ <input type="checkbox"/> Friday ___ <input type="checkbox"/> Saturday ___

### TOBACCO/NICOTINE DELIVERY PRODUCTS INFORMATION

**Note:** The following information is required for a New Application and anytime this information changes. Check all that apply.

*Business Name:	*Facility Information:
	<input type="checkbox"/> Facility Information Form completed
*Department of Revenue Tobacco Sales Permit:	*Department of Revenue Business Permit:
<input type="checkbox"/> No <input type="checkbox"/> Yes: Permit # _____ <input type="checkbox"/> State Permit Attached	<input type="checkbox"/> No <input type="checkbox"/> Yes: Permit # _____ <input type="checkbox"/> State Permit Attached
*Type of Business:	<input type="checkbox"/> Tobacconist <input type="checkbox"/> Convenience Store <input type="checkbox"/> Gas Station <input type="checkbox"/> Restaurant <input type="checkbox"/> Liquor Store <input type="checkbox"/> Pharmacy <input type="checkbox"/> Grocery Store <input type="checkbox"/> Private Club <input type="checkbox"/> Lodging/Resort <input type="checkbox"/> Other, describe: __
*Type of Nicotine Products Sold:	<input type="checkbox"/> Cigars <input type="checkbox"/> Cigarettes <input type="checkbox"/> e-cigarettes/vapes <input type="checkbox"/> Chewing Tobacco <input type="checkbox"/> Roll Your Own <input type="checkbox"/> Loose Tobacco <input type="checkbox"/> Pipe Cigars <input type="checkbox"/> Flavored Tobacco <input type="checkbox"/> Smokeless Tobacco <input type="checkbox"/> Other, describe: __
*Operating Days/Hrs:	<input type="checkbox"/> Sunday ___ <input type="checkbox"/> Monday ___ <input type="checkbox"/> Tuesday ___ <input type="checkbox"/> Wednesday ___ <input type="checkbox"/> Thursday ___ <input type="checkbox"/> Friday ___ <input type="checkbox"/> Saturday ___
*Required Agreements:	<input type="checkbox"/> I have a copy of all local tobacco regulations and I agree to comply with all its requirements as a condition of my permit to sell tobacco and nicotine delivery products. <input type="checkbox"/> I understand the Board of Health or its designated agents may be conduct compliance checks at any time to ensure that individuals under the legal age are not purchasing tobacco or nicotine products.
*Attached Documents:	<input type="checkbox"/> List of Employees who have signed the Employee Tobacco Agreement Statement <input type="checkbox"/> List of Employees selling tobacco products who have successfully complete the Certified Tobacco Clerk Training.

### ICE RINK INFORMATION

Note: The following information is required for a New Application and anytime this information changes. Check all that apply.

*Ice Rink Name:		*Facility Information:	<input type="checkbox"/> Facility Information Form completed		
*Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___				
*Primary Ice Re-Surfacers Information:	<input type="checkbox"/> None <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Catalytic Converter	Brand:	Exhaust Discharge:	Date Last Service:	Age:
			<input type="checkbox"/> Ice Level <input type="checkbox"/> Above Ice		
*Secondary Ice Re-Surfacers Inform.	<input type="checkbox"/> None <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Catalytic Converter	Brand:	Exhaust Discharge:	Date Last Service:	Age:
			<input type="checkbox"/> Ice Level <input type="checkbox"/> Above Ice		
*Ice Edger:	<input type="checkbox"/> None <input type="checkbox"/> Gasoline <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Catalytic Converter	Brand:	Exhaust Discharge:	Date Last Service:	Age:
			<input type="checkbox"/> Ice Level <input type="checkbox"/> Above Ice		
*Air Monitoring Equipment:	<input type="checkbox"/> None <input type="checkbox"/> Carbon Monoxide	Brand:	Date Last Calibration:		
	<input type="checkbox"/> None <input type="checkbox"/> Nitrogen Dioxide	Brand:	Date Last Calibration:		
*Mechanical Ventilation	<input type="checkbox"/> None <input type="checkbox"/> Yes	Brand:	Maximum Air Flow ft/min	Last Service	

### NUISANCE FORM

Note: The following information is may be submitted here to notify the Board of Health of potential or suspected public health nuisances.

*Site Address:	Owner	
*Describe Operations:		
*Reason for Request:		

### OTHER INFORMATION FORM

Note: The following information is required for a New Application and anytime this information changes. Check all that apply.

*Site Address:	*Acres	*Owner
*Describe Operations:		
*Reason for Request:		
*Open to the Public	<input type="checkbox"/> No <input type="checkbox"/> Yes, complete Facility Form	*Dates of Operation:
Operating Days/Hrs:	<input type="checkbox"/> Sunday___ <input type="checkbox"/> Monday___ <input type="checkbox"/> Tuesday___ <input type="checkbox"/> Wednesday___ <input type="checkbox"/> Thursday___ <input type="checkbox"/> Friday___ <input type="checkbox"/> Saturday___	
*Other Permits:	<input type="checkbox"/> None <input type="checkbox"/> Yes, attach	
*Other Certifications:	<input type="checkbox"/> None <input type="checkbox"/> Yes, attach	

### FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

### AGREEMENT

- \*I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- \*By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- \*I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- \*By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

### SIGNATURE

\*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:	
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