



FE-164

Food Establishment Permit

Status: Active

Date Created: Oct 24, 2022

Applicant

Joshua Lowden
wickedfirepizza@gmail.com
89 main st
Buzzards Bay , MA 02532
5085662303

Primary Location

44 DESERET DR Unit 1
Unit 1
Bourne, MA 02532

Owner:

Joshua Lowden
BOURNE, MA 02532

Applicant Information

Health Department Permit

FE-23-13

Fiscal Year

2023

Establishment is Owned By

Individual/Partnership

Owner's Name

Joshua Lowden

Owner's Phone Number

5085662303

Owner's Email

wickedfirepizza@gmail.com

Base of Operation

Bourne

Establishment Information

Name of Establishment

Wicked Fire, llc

Establishment Address

89 Main Street

Establishment Phone Number

5085662303

Establishment Email Address

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Establishment Mailing Address

44 Deseret Drive

City, State, Zip Code

Bourne Ma 02532

Number of Seats (Indoor)

30

Number of Seats (Outdoor)

0

Total Seats

30

Seasonal Establishment?

No

Liquor License?

No

HACCP Plan?

No

Primary Type of Establishment

Food Service Establishment

Secondary Type of Establishment

Mobile Food Vendor

Mobile Food Type

Food Prep

Third Type of Establishment

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Fourth Type of Establishment

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Fifth Type of Establishment

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Will you be catering?

No

Is there any Food Prep taking place at this establishment? Including a coffee station.

Yes

Are you applying for a Retail Food Permit?

No

Times of Operation

--

Serve to a Highly Susceptible Population?

No

Current Person-in-Charge Certified in Food Protection Management**Employee Name**

Joshua Lowden

Title

Owner

Expiration Date

12/02/2026

Certifications

CERTIFIED FOOD PROTECTION MANAGER



Food Operations**Sale of Commercially Pre-Packaged Non-PHF's****PHF Cooked to Order****Hot PHF Cooked and Cooled or Hot Held for More than a Single Meal Service****Sale of Commercially Pre-Packaged PHFs****Preparation of PHFs for Hot and Cold Holding for Single Meal Service****PHF and RTE Foods Prepared for Highly Susceptible Population Facility****Delivery of PHFs**

Sale of Raw animal Foods Intended to be Prepared by Consumer

Vacuum Packaging/Cook Chill

Reheating of Commercially Processed Foods for Service within 4 Hours

Customer Self-Service

Use of Processing Requiring a Variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)

Customer Self-Service of Non-PHF and Non-Perishable Foods Only

Ice Manufactured and Packaged for Retail Sale

Offers Raw and or Undercooked Food of Animal Origin

Preparation of Non-PHF's

Juice Manufactured and Packaged for Retail Sale

Prepares Food/Single Meal for Catered Events or Institutional Food Service

Offers RTE PHF in Bulk Quantities

Retail Sales of Salvage , Out-of-Date or Reconditioned Food

Other (describe)

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Worker's Compensation Insurance Affidavit

Type of Business

I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]

Business

Restaurant/Bar/Eating Establishment

Other Business

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Insurance Policy Information

Insurance Company Name

Hiscox, Inc

Insurer's Address

5 Concourse Parkway, suite 2150 Atlanta Ga

Policy # or Self-ins Lic. #
UDC-4734167-CGL-21

Expiration Date
02/15/2022

Worker's Compensation Insurance Affidavit

I do hereby certify, under the pains and penalties of perjury, that the information provided above is true and correct.

Name

--

Date

--

Phone #

--

Affidavit

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. Pursuant to MGL 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 taxes required under law.

SSN or Fed ID Number

852956937

I have examined the above application and certify the information to be true and correct, and that in operating this food service establishment I agree to comply with all applicable laws and regulations relative thereto. I hereby grant the Town of Bourne Board of Health permission to access the establishment, its records, and to conduct unannounced inspections of my food establishment. I understand that failure to comply with official orders of the Board of Health will result in denial, suspension, modification, or revocation of the permit.

Applicant Signature

Joshua Lowden
10/21/2022

Date

10/22/2022

Applicant Name

Joshua Lowden

Title

Owner

Attachments



Servsafemanager22.pdf

Uploaded by Joshua Lowden on Oct 24, 2022 at 9:20 am



allergen cert.pdf

Uploaded by Joshua Lowden on Oct 24, 2022 at 1:45 pm




MX-4051_20221024_114902.pdf

Uploaded by Deon Wills on Oct 24, 2022 at 1:14 pm

History

Date	Activity
Oct 21, 2022 at 11:44 am	Joshua Lowden started a draft of Record FE-164
Oct 21, 2022 at 11:44 am	Joshua Lowden changed Base of Operation from "" to "Bourne" on Record FE-164
Oct 21, 2022 at 11:45 am	Joshua Lowden changed Secondary Type of Establishment from "" to "Food Service Establishment" on Record FE-164
Oct 21, 2022 at 11:45 am	Joshua Lowden changed Are you applying for a Retail Food Permit? from "No" to "Yes" on Record FE-164
Oct 21, 2022 at 11:45 am	Joshua Lowden changed Retail Food Permit? Square Footage: from "" to "301- 1000 ft² " on Record FE-164
Oct 21, 2022 at 11:47 am	Joshua Lowden changed Applicant Signature from "" to "true" on Record FE-164
Oct 21, 2022 at 11:48 am	Joshua Lowden changed Date from "12/08/2021" to "10/22/2022" on Record FE-164
Oct 24, 2022 at 9:21 am	Joshua Lowden submitted Record FE-164
Oct 24, 2022 at 9:21 am	Joshua Lowden removed Record FE-164 from project Wicked Fire
Oct 24, 2022 at 9:21 am	approval step Health Department Review was assigned to Kaitlyn Shea on Record FE-164
Oct 24, 2022 at 9:23 am	Kaitlyn Shea changed Number of Seats (Indoor) from "0" to "30" on Record FE-164
Oct 24, 2022 at 9:23 am	Kaitlyn Shea changed Total Seats from "0" to "30" on Record FE-164
Oct 24, 2022 at 9:24 am	Kaitlyn Shea changed Establishment Address from "44 Deseret Drive" to "89 Main Street" on Record FE-164
Oct 24, 2022 at 9:24 am	Kaitlyn Shea changed Secondary Type of Establishment from "Food Service Establishment" to "Mobile Food Vendor" on Record FE-164
Oct 24, 2022 at 9:24 am	Kaitlyn Shea changed Primary Type of Establishment from "Mobile Food Vendor" to "Food Service Establishment" on Record FE-164
Oct 24, 2022 at 9:30 am	Kaitlyn Shea changed Are you applying for a Retail Food Permit? from "Yes" to "No" on Record FE-164
Oct 24, 2022 at 9:30 am	Kaitlyn Shea changed Retail Food Permit? Square Footage: from "301- 1000 ft² " to "" on Record FE-164
Oct 24, 2022 at 9:30 am	Kaitlyn Shea approved approval step Health Department Review on Record FE-164
Oct 24, 2022 at 9:31 am	Kaitlyn Shea changed Health Department Permit # from "FE-22-87" to "FE-23-13" on Record FE-164
Oct 24, 2022 at 9:31 am	Kaitlyn Shea changed Fiscal Year from "2022" to "2023" on Record FE-164
Oct 24, 2022 at 12:32 pm	completed payment step Application Payment on Record FE-164
Oct 24, 2022 at 12:32 pm	approval step Health Department Approval was assigned to Stacey Burgess on Record FE-164
Nov 2, 2022 at 8:14 am	Kaitlyn Shea approved approval step Health Department Approval on Record FE-164
Nov 2, 2022 at 8:14 am	inspection step Health Inspection was assigned to Deon Wills on Record FE-164
Nov 2, 2022 at 8:14 am	Kaitlyn Shea altered Record FE-164, changed expirationDate from "" to Dec 31, 2023

Timeline

Label	Status	Activated	Completed	Assignee	Due Date
 Health Department Review	Complete	Oct 24, 2022 at 9:21 am	Oct 24, 2022 at 9:30 am	Kaitlyn Shea	-
 Application Payment	Paid	Oct 24, 2022 at 9:30 am	Oct 24, 2022 at 12:32 pm	-	-
 Health Department Approval	Complete	Oct 24, 2022 at 12:32 pm	Nov 2, 2022 at 8:14 am	Stacey Burgess	-
 Permit Issuance	Issued	Nov 2, 2022 at 8:14 am	Nov 2, 2022 at 8:14 am	-	-
 Health Inspection	Active	Nov 2, 2022 at 8:14 am	-	Deon Wills	-

ServSafe® CERTIFICATION

JOSHUA LOWDEN

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)–Conference for Food Protection (CFP).

21326769

CERTIFICATE NUMBER

12/2/2021

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

10752

EXAM FORM NUMBER

12/2/2026

DATE OF EXPIRATION



#0655

Sherman Brown
Executive Vice President, National Restaurant Association Solutions



CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: JOSHUA LOWDEN

Certificate Number: 4745841

Date of Completion: 9/10/2020

Date of Expiration: 9/10/2025



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

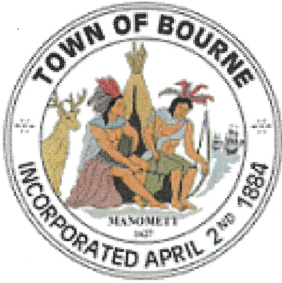
This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.marestaurantassoc.org


NATIONAL
RESTAURANT
ASSOCIATION®
800.765.2122
www.restaurant.org



Town of Bourne

Board of Health

24 Perry Avenue
Bourne, MA 02352
(508) 759-0600 x 1513

www.townofbourne.com/health



Public Health
Prevent. Promote. Protect.

Joshua Lowden
44 DESERET DR 1
Bourne, MA

Food Establishment Permit

Permit No. FE-23-13

Fee: \$400.00

Issue Date: November 2, 2022

This permit is granted inclusive of Chapter 94 and Chapter 111, Section 127A of the General Laws of Massachusetts, and 105 CMR 500.000 and 590.000: State Sanitary Code Chapter X.

This license is granted in conformity with the statutes and ordinances relating thereto, and subject to the applicable rules and regulations of the Massachusetts Department of Public Health and Board of Health issuing this license. This license must be posted in a conspicuous location and expires on **December 31, 2023** unless sooner suspended, transferred, or revoked.

Wicked Fire, llc

at

89 Main Street

Type of business and any restrictions: Food Service Establishment
To operate in: TOWN OF BOURNE, Massachusetts

All Licenses granted with this permit:
Food Service Establishment
Mobile Food Vendor

Terri A. Guarino, RS, CHO
Health Agent