

**FOR BOARD OF HEALTH USE ONLY**

Date Received \_\_\_\_\_

Date Inspected \_\_\_\_\_

Approved By \_\_\_\_\_

Permit # Issued \_\_\_\_\_

**Food Establishment Permit Application**

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

1) Establishment Name: <u>IGGYS BREAD</u>													
2) Establishment Address: <u>29 BASIN ROAD, CHILMARK, MA 02535</u>													
3) Establishment Mailing Address (if different): <u>130 FAWCETT ST. CAMBRIDGE, MA 02138</u>													
4) Establishment Telephone No.: <u>617 491-7600</u> e-mail: <u>ZAPPIA@IGGYSBREAD.COM</u>													
5) Applicant Name & Title: <u>NICK ZAPPIA, MANAGER</u>													
6) Applicant Address: <u>195 PARK ST. WEST ROXBURY, MA 02132</u>													
7) Applicant Telephone No: <u>617 899-7586</u> 24 Hour Emergency No: <u>617 899-7586</u>													
8) Owner Name & Title (if different from applicant): <u>IGOR IVANOVIC</u>													
9) Owner Address (if different from applicant): <u>72 POWDER HOUSE ROAD, MEDFORD, MA</u>													
10) Establishment Owned By: <input type="checkbox"/> An association <input checked="" 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 partner.  <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Title</th> <th style="text-align: left; border-bottom: 1px solid black;">Home Address</th> </tr> </thead> <tbody> <tr> <td><u>IGOR IVANOVIC</u></td> <td><u>72 POWDER HOUSE RD,</u></td> <td><u>MEDFORD, MA</u></td> </tr> <tr> <td><u>LUDMILA IVANOVIC</u></td> <td><u>72 POWDER HOUSE RD,</u></td> <td><u>MEDFORD, MA</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Name	Title	Home Address	<u>IGOR IVANOVIC</u>	<u>72 POWDER HOUSE RD,</u>	<u>MEDFORD, MA</u>	<u>LUDMILA IVANOVIC</u>	<u>72 POWDER HOUSE RD,</u>	<u>MEDFORD, MA</u>			
Name	Title	Home Address											
<u>IGOR IVANOVIC</u>	<u>72 POWDER HOUSE RD,</u>	<u>MEDFORD, MA</u>											
<u>LUDMILA IVANOVIC</u>	<u>72 POWDER HOUSE RD,</u>	<u>MEDFORD, MA</u>											
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)													
Name & Title:	<u>NICK ZAPPIA, MANAGER</u>												
Address:	<u>195 PARK ST. WEST ROXBURY, MA 02132</u>												
Telephone No.:	<u>617-899 7586</u> Fax: _____												
Emergency Telephone No:	<u>SAME</u>												

Food Establishment type:     Caterer (\$150);     Restaurant (\$150);     Inn, B&B (\$100)  
     Retail Food (\$100);     Residential (\$60)     Farm Stand (\$60)

Year-'Round  Seasonal:     Dates: JUNE 1, 2024 to OCTOBER 1, 2024

Hours of Operation:    Time: 7AM - to 2PM    TUES - SUNDAY

## Food Establishment Information

14) Water Source <u>MEVEN SHA WATER COMPANY</u> DEP Public Water Supply No: (if applicable)	15) Sewage disposal:
16) Days and Hours of Operation <u>TUE - SUN 7AM - 1 PM</u>	17) No. of Food Employees: <u>5</u>
18) Name of Person in Charge Certified in Food Protection Management: <small>Required as of 10/1/2001 in accordance with 105 CMR 590.003(A) Please attach copy of certification</small> <u>NICK ZAPPIA</u>	
19) Person Trained In Anti-Choking Procedures (if 25 seats or more): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

20) Location: (check one) <input checked="" type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile	22) Establishment Type (check all that apply) <input type="checkbox"/> Retail (          Sq. Ft) <input type="checkbox"/> Food Service - (          Seats) <input checked="" type="checkbox"/> Food Service - Takeout <input type="checkbox"/> Food Service - Institution (          Meals/Day)	<input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer
21) Length Of Permit (check one) <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Seasonal/Dates: <u>6/1/24 to 10/1/24</u> <input type="checkbox"/> Temporary/Dates/Time:	Other (Describe)	

23) Food Operations:  (Check all that apply):	Definitions: PHF - potentially hazardous food (time/temperature controls required) Non-PHF's - non-potentially hazardous food (no time/temperature controls required) RTE - ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)
<input checked="" type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order
<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"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale of Raw Animal Foods Intended to be Prepared by Consumer.
<input type="checkbox"/> Reheating of Commercially Processed Foods for Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service
<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 checked="" type="checkbox"/> Preparation of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale
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 590.000 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.

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: 04-3296416

26) Signature of Individual or Corporate Name: IGOR IVANOVIC



**BOARD OF HEALTH**  
CHILMARK, MASSACHUSETTS

401 Middle Road, Post Office Box 119, Chilmark, MA 02535  
Tel: (508) 645-2105, Fax (508) 645-2110  
E-mail: [boh@chilmarkma.gov](mailto:boh@chilmarkma.gov)

**FOOD ESTABLISHMENT PLAN REVIEW APPLICATION**

New \_\_\_\_\_ Remodel \_\_\_\_\_ Conversion \_\_\_\_\_

**Type of Food Operation:**

Restaurant:  Bed & Breakfast:  Residential Kitchen:  Caterer:  Retail Food Store:   
Seafood Store:  Other: TAKE OUT

Establishment IGGYS BREAD

Address: 29 BASIN ROAD, CHILMARK, MA 02535

Phone: 617 899 7586 Fax: — E-mail: ZAPPIA@IGGYSBREAD.COM

Owner: IGOR IVANOVICH Address: 72 POWDERHOUSE RD MEDFORD MA

Phone: 617-491-7600 Fax: — E-mail: IGOR@IGGYSBREAD.COM

Applicant: NICK ZAPPIA Address: 195 PARK ST. WEST ROXBURY, MA

Phone: 617 899-7586 Fax: — E-mail: ZAPPIA@IGGYSBREAD.COM

Dates of Operation: year-round  seasonal:  open: 6/1/24 close: 10/1/24

Days/Hours of Operation: TUESDAY - SUNDAY 7AM - 2PM

Number of indoor seats: 0 Number of outdoor seats: 3 PICNIC TABLES

Number of staff (Maximum per shift): 5

Approx. # of meals: breakfast: 60 lunch: 100 dinner: —

Type of Service: sit-down meals  take-out  catered  single-use ware  dishes/silverware

**Enclose the following documents:**

- Menu/complete list of food/beverages; projected daily meal volume;
- Plan of food establishment drawn to scale showing location of equipment, handwashing sinks, food preparation sinks, warewashing sinks, toilets, basements and/or cellars used for storage or food preparation; cold storage; auxiliary storage areas, cleaning supplies including mop sink, garbage area, restrooms, seating plan, entrances, exits, loading/unloading areas and delivery docks.
- To-scale plan showing: plumbing, including location of floor drains, floor sinks, water supply lines, overhead waste-water lines, hot water generating equipment; electrical and mechanical service, including location of lighting fixtures; ventilation system/exhaust hoods (where appropriate);
- Plumbing schedule
- List of food equipment which includes the make and model numbers, including list of equipment that is certified or classified for sanitation by an ANSI-accredited certification program. Elevation drawings may be requested by the regulatory authority.
- Manufacturer specification sheets for each piece of equipment to be used in the establishment;
- Site plan showing location of building(s) on site including driveways; location of any outside equipment or facilities (dumpsters, generator, above-ground oil storage tanks, etc.); well and septic system plans.

A color-coded flow chart may be requested by the Board of Health, demonstrating flow patterns for:

- Food (receiving, storage, preparation, service)
- Dishes (clean, soiled, cleaning, storage)
- Trash and recyclables (service area, holding storage, disposal)

**FOOD SUPPLY**

**Receiving and Storage:**

1. How often will frozen foods be delivered? NA
2. How often will refrigerated foods be delivered? 3 DAYS WK
3. How often will dry goods be delivered? 6 DAYS WK
4. Amount of space (ft<sup>3</sup>) for each of the following:  
Dry Goods: 84 Refrigerated: 198 Frozen: 0
5. Location and containers for bulk food products (rice, flour, sugar, etc): \_\_\_\_\_

- COFFEE BEAN STORAGE IN SEALED COMBRO CONTAINERS IN SHOP  
- MILK STORAGE IN REFRIGERATORS

## FOOD PREPARATION

From the menu, list all foods that will be:

Cold-held for service, not cooked: ICE COFFEE

Cooked and served: CROISSANTS

Hot held prior to service: NA

Cooked and Cooled: NA

Cooked, Cooled and Reheated: NA

### Handling/Preparation Procedures

Explain the following with as much detail as possible. Provide descriptions of the specific areas on the plan where food is prepared. Describe the processes from receiving to serving including:

- how the food will arrive (fresh, frozen, packaged, etc.)
- where the food will be stored
- where (at prep table, sink, counter) the food will be washed, cut, marinated, breaded, cooked, etc
- when (time of day and frequency/day) food will be handled/prepared.

Describe handling/preparation procedures for the following categories of food (use extra pages if needed):

**Ready-to-eat food** (e.g. salads, cold sandwiches, raw molluscan shellfish):

- RECEIVE CROISSANTS DAILY
- PUT CROISSANTS IN PROOFER TO SLOWLY COME TO TEMPERATURE APPROX 18-20 HOURS.
- BAKE CROISSANTS AT 450° FOR 8-10 MINUTES UNTIL DONE
- SERVE WHEN COOL ENOUGH TO TOUCH

**Produce:**

NA

Poultry:

NA

Meat:

NA

Seafood:

NA

### Food Preparation Processes: Thawing, Hot/Cold Holding, Cooling, Re-heating

#### Thawing Frozen PHF (TCS) Food:

Check all that apply and indicate which foods/where thawing will take place:

- under refrigeration: \_\_\_\_\_
- running water <70deg F / 21deg C: \_\_\_\_\_
- microwave: \_\_\_\_\_
- cooked from frozen state: \_\_\_\_\_
- other (describe process): CROISSANTS COME TO TEMPERATURE FROM APPROX 34°F AND PROOF OVERNIGHT UNTIL READY TO BAKE FIRST THING IN THE MORNING.

**Hot/Cold Holding:**

How will **hot PHF(TCS) food** be maintained at 135° F (57° C) or above during holding for service?  
*Indicate type, number, location and monitoring plan of hot holding units.*

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_

How will **cold PHF(TCS) food** be maintained at 41° F (5° C) or below during holding for service?  
*Indicate type, number, location and monitoring plan of cold holding units.*

\_\_\_\_\_  
NA  
\_\_\_\_\_  
\_\_\_\_\_

**Cooling:**

NA

*Indicate method to cool PHF(TCS) food to 41° F (5° C) within 6 hours. (135° to 70° F in 2 hours) and monitoring plan for compliance.*

Cooling Method	Thick Meats >1"	Thin Meats ≤1"	Hot Foods	Room Temp Foods	Other
Shallow Pans in refrigerator					
Ice baths					
Reduce size, refrigerate					
Mechanical rapid chill unit					
Other (describe method below)					

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Re-Heating:**

NA

How and where will PHF(TCS) foods that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 F for 15 seconds within 2 hours? *Indicate type and number of units used for reheating foods.*

NA

### Pest Control:

- Self-closing, rodent-proof outside doors
- Screens on all entrances left open to the outside
- Windows to have a minimum #16 mesh screening

Other pest-control devices (air curtains, electrical insect devices): NA

Identify how all pipes and electrical conduit chases are sealed to be pest-proof: \_\_\_\_\_

NEW CONSTRUCTION SEALED TIGHT DURING PROCESS

Describe outside maintenance schedule to keep area around the building, including any garbage storage area, clear of brush, litter, boxes, and other possible pest food and/or harborage:

OUR BUSINESS GENERATES VERY LITTLE TRASH OR RECYCLING, WHAT WE DO CREATE IN THE FORM OF TRASH AND RECYCLING WILL BE TAKEN AWAY BY BRUNO'S AT LEAST 2X PER WEEK AND WILL BE STORE BEHIND OUR BUILDING IN 95 GALLON TOTES. WE DONATE OUR EXTRA BREAD AND CROISSANTS EVERY DAY TO SHELTERS ON ISLAND OR HAVE PICKED UP BY PIG FARM.

### Refuse, Recyclables, Returnables

Where/how will refuse/garbage be stored? IN TOTES SUPPLIED BY BRUNO'S TRASH REMOVAL, WE WILL ALSO STORE COMPOST BIN WHICH WILL BE PICKED UP AS NEEDED BY PIG FARM

How, where, how often will garbage cans and floor mats/garbage storage area be cleaned? WE WILL NOT USE FLOOR MATS, OUR TRASH CANS WILL BE RINSED WEEKLY USING OUTSIDE HOSE AND DRAINED INTO MOP SINK.

Frequency of pickup: STARTING W/ 2 DAYS PER WEEK AND ADJUSTING AS NEEDED.

Identify location/type of grease storage containers: WE DO NOT USE ANY OIL OR FRYERS.

Is there an area to store recyclables? Describe: YES IN TOTES BEHIND OUR BUILDING. SEE ON DIAGRAM.



## Water Supply

Public Water System # MENEMSHA WATER COMPANY  
 Private Well If you are on a private well, please attach your well completion report, and a recent (<1 year) test for bacteria, nitrate and nitrite.

Ice made on premises       Ice purchased commercially       Is ice bagged for sale?  
(NO)      (NO)

## Sewage Disposal

Attach a copy of sewage disposal system certificate of compliance, maintenance/pump-out schedule

Describe Grease trap/interceptor, if any: BRAND NEW GREASE TRAP IN FLOOR

Grease trap maintenance/pump-out schedule: WE WILL PUMP/OUT CLEAN TRAP ON MONTHLY BASIS AND WILL LOG ENTRIES ON CLIPBOARD.

## Backflow Prevention

	Air Gap	Air Break	Vacuum Breaker	Other
Dishwasher	NA			
Garbage Grinder	NA			
Ice Machine	✓			
Ice Storage Bin	✓			
Sinks a. mop b. 3-bay c. 2-bay d. simple	✓ ✓ ✓			
Steam Table	NA			
Dipper wells	NA			
Refrigerator Drain Lines	✓			
Hose Connection Faucets	NA			
Potato peeler	NA			
Beverage dispenser	NA			
Other:				

Other:				
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**Dishwashing Facilities**

**Manual Dishwashing**

Length/Width/Depth of 3-bay sink: 16 / 20 / 12

Will the largest pot and pan fit into each compartment of the sink? YES

If no, what will be the procedure for manual cleaning and sanitizing of items that will not fit into the sink compartments? NA

Describe size, location and type (drainboards, wall-mounted or overhead shelves, stationary or portable racks) of air-drying space, square feet of air-drying space: WE WILL HAVE WALL MOUNTED AIR DRYING SPACE OVER 3 BAY SINK AND PREP SINK = 10.5 SQ FEET. AND ADDITIONAL ROLLING RACK STORAGE TO AIR DRY 20 SHEET PANS (FULL SIZE) AT A TIME.

What type of sanitizer will be used?

Chemical: PROVIDED BY ECOLAB / SUBURBAN CHEMICAL COMPANY  
 Hot Water: \_\_\_\_\_

**Mechanical Dishwashing**

Sanitizer: Chemical NA Hot water: \_\_\_\_\_

Will ventilation be provided? \_\_\_\_\_

**Other:**

Describe storage facilities for employees' personal belongings: LOCKERS PROVIDED IN BACK BLDG

Identify the location for the storage of poisonous or toxic materials: CHEMICAL STORAGE CABINET IN STORAGE ROOM WILL BE LOCKED AT ALL TIMES.

Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food while remaining easily accessible for frequent use? WILL BE STORED IN SPRAY BOTTLES ON SMALL RACK NEXT TO PREP AREA, BUT NOT ON SAME SURFACE.

Will linens be laundered on-site? If yes, what will be laundered and where? NA

Identify location of clean and dirty linen storage: NA

Statement: *I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Chilmark Board of Health may nullify final approval.*

Signature: \_\_\_\_\_  
*Owner or responsible representative*

Date: 4/26/24

Printed name: NICK ZOPPIA

Approval of these plans and specifications by the Chilmark Board of Health does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing food service establishments.

=====

*For Board of Health use:*

Date of pre-opening inspection: \_\_\_\_\_ Date of BOH review: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Katherine L. Carroll, Chair  
Chilmark Board of Health

\_\_\_\_\_  
Matthew Poole  
Chilmark Board of Health

\_\_\_\_\_  
Janet L. Buhrman  
Chilmark Board of Health

## Projecting daily sales : 60-100

### Iggy's bread menu

#### BREAD

Country sourdough

French baguette

Cranberry & Pecan

7 Grain

Bagel

Pretzel

Ancient grain sourdough

#### COFFEE

Espresso

Latte ( cow milk – nut milk)

Filter

Iced coffee

Hot chocolate

#### PASTRIES

Plain croissant

Chocolate croissant

Almond croissant

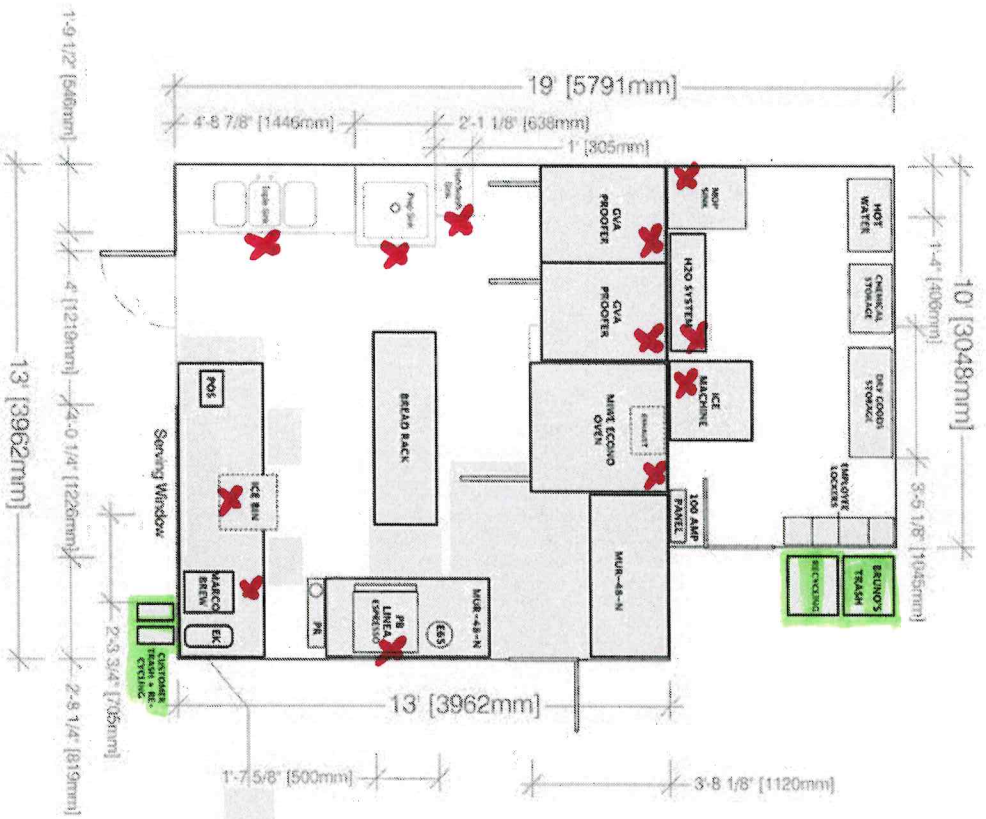
Sticky bun

#### GROCERY

Granola

Parmesan toast

ITEN'S REA  
PLUMBING



Product Schedule

Product	Product Code	Dimensions	Image
Mop Sink	FMS-252110	10.86in (H) x 25in (W) x 21in (D) 276.562mm (H) x 635mm (W) x 533.4 (D)	
Under counter fridge	MUR-48-N	35.59in (H) x 48.23in (W) x 30in (D) 904mm (H) x 1226mm (W) x 762mm (D)	
Proofier	MIMIE GVAS	83.07in (H) x 31.10in (W) x 40.55in (D) 2116mm (H) x 790mm (W) x 1030mm (D)	
ICE MACHINE	HOSHIZAKI KM-301BAJ	26 X 26 X 42	
COFFEE BREWER	MARCO JET 6	14 X 14 X 26	
ESPRESSO MACHINE	LA MARZOCCA PB LINEA	24 X 20 X 18	
Grinder	EK43 ES55	Large Grinder - 8.9in x 8.9in Small Grinder - 5.9in x 5.9in Large Grinder: 225mm x 225mm Small Grinder: 150mm x 150mm	
Oven	MIMIE econo Typ EC 8.0604	82.7in (H) x 41.1in (W) x 44in (D) 2101mm (H) x 1045mm (W) x 1120mm (D)	

PROPOSED ALTERATIONS & ADDITIONS FOR  
Cove Urban - Martha's Vineyard  
3 Basin Rd.  
HILMAERK, MA 02535, USA



SCALE:  
DATE:  
DWG. NO.:  
DRAWN BY:

Rev	Description	Date	By



Cove Urban Inc. 1.424.99.156.120.303  
124 Basin Rd. Martha's Vineyard, MA  
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Fax: +1 508.567.7064  
www.coveurban.com  
Manufacturer and long standing supplier