RESIDENTIAL KITCHEN PERMIT APPLICATION

Name of Applicant: ________________________________________________________________

Address of Residential Kitchen: ____________________________________________________

Name of Business: __________________________________________________________________

Residential Kitchen is located in a: House Apt/Condo [ ] Other [    ]

Phone Number: ______________________________ Email: __________________________________

List food(s) that will be prepared in the residential kitchen:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

List market name(s) (including street & town) where ingredients will be purchased from:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Food will be sold to (check all that apply): Internet customers [   ] Retail Stores/Supermarket [   ]
Farmer’s Market [    ] One Day Events (ex. Old Home Day) [    ]
Other (describe): __________________________________________________________________

Equipment and Facilities

Number of Pets at Home: ______ Are laundry facilities located in the kitchen: yes [   ] no [   ]

What method will be used to clean and sanitize cooking equipment, utensils and tableware?

    Manual Cleaning and Sanitizing [   ] or Mechanical Cleaning and Sanitizing [    ]

Type of sanitizer that will be used if manual cleaning: ________________________________
Mechanical Dishwasher: Which method will be used to test internal temperature after final rinse?

Maximum Registering Thermometer [ ] or Heat Thermal Label [ ]

Potable Water Source:

Date Well tested: ______________ Water Analysis provided: yes [ ] no [ ]

ServSafe Certification: yes [ ] no [ ] If certified, expiration date: _____________________
(Please provide a copy of the certification.)

Labelling

Provide a copy of your food label(s) with the application.

An inspection must take place before a permit is issued. Once the permit is issued the residential kitchen will be allowed to operate. The Health Agent will contact the applicant to schedule an inspection.

Pursuant to MGL Chapter 62C, § 49A, I certify under the penalties of perjury that to the best of my knowledge and belief have filed all State tax returns and paid all State taxes required under law.

Signature

Date

Office Use: Approved [ ] Rejected [ ] Conditional Approval [ ]

Comments:

Date: _____________________

Health Agent