



**Town of Athol
Board of Health**
584 Main Street Athol, Massachusetts 01331
978-249-7934
978-249-0134 (Fax)
boh@townofathol.org



Residential Kitchen Application
FEE: \$75.00 Payable to "Town of Athol"

Date of application: _____

Name: _____

Address: _____

Telephone Number: _____ Email: _____

Business Details:

Business Name: _____

Distribution: _____ Retail _____ Wholesale

Selling Product from: _____ Home _____ Farmer's Market _____ Other: _____

Water Source: _____ Town _____ Private Well

If well water is used, test results for quality must be submitted with application and will be required annually with renewal.

Food Item Details:

Please attach the following information to this application:

- Foods being prepared
- Ingredient list of each food prepared
- Purchasing source of ingredients
- Methods of preparation

Your application will not be processed without this information.

Requirements:

Only non-potentially hazardous foods (Non-PHF, meaning no time/temperature controls required) and foods which do not require refrigeration shall be prepared in or distributed from a residential kitchen. Only immediate family members may assist in preparation and distribution. Pets may not be present during food preparation and laundry facilities (if located in kitchen) may not be used during food preparation. Food contact surfaces shall be smooth and made of non-absorbent materials. All foods sold shall be labeled, to include ingredients (by order of volume), allergen and health claims. A food establishment permit will be required for food preparation and distribution from a residential kitchen for retail sale and shall comply with minimum requirements of 105 CMR 590.002 through 105 CMR 90.009, as well as administrative enforcements of 105 CMR 590.012 through 105 CMR 590.021.

I hereby certify that I am familiar with 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments – Article X, and that the residential kitchen will be operated and maintained in accordance with the regulations.

Signature _____ Date _____

This section is for Board of Health use only.

Permit Approval:

Permit number: _____ Effective Date: _____

Permit Restrictions:

Effective Date of Permit: _____

Permit Denied: Effective Date: _____

Reason for Denial:

Reviewer's Signature and Title _____ Date _____