**Town of Athol**

**Board of Health**

584 Main Street Athol, Massachusetts 01331

978-721-8450

**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.

***\*Please note: A residential kitchen permit does not allow consignment as a means of selling.***

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.

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Signature Date

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**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reviewer’s Signature and Title Date