



Rajit Gupta, MPH, RS, CP-FS
Director of Public Health

Board of Health

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Application for a Permit to Operate a Food Establishment/Residential Kitchen

Date: _____

Residential Kitchen Permit Fee \$95.00

Name of Applicant:	Phone:	
Name of Person In Charge		
Address of Applicant:		
City:	State:	Zip
Email Address:		

Name of Food Business:
Food Prep Business Address:
Days of Operation
Hours of Operation

I hereby certify that the information in this application is correct, and I fully understand that any deviation from the above without prior permission from the Ashland Health Department may nullify final approval.

I hereby certify that I have read and received the Residential Kitchen regulations, MA minimum requirements for Packaged – Food Labeling, and Starting a Wholesale Food Business in MA, contained in 105 CMR 590.000 provided with this Application Package.

Signature _____ Date: _____

Instructions: List the food to be prepared or distributed in or from the Residential Kitchen. Be advised that only non-potentially hazardous foods and foods which do not require refrigeration and / or a variance shall be prepared in or distributed from the Residential Kitchen for sale to the public. Indicate the source of the food or the location where the food items will be purchased. Submit additional documents if necessary.

Items:	Where was the food purchased?

To complete the permit application process, answer the following questions:

- Food is prepared or cooked on site: Yes No . If yes, describe the equipment being used to cook the food.

- Describe where the food and the ingredients will be stored. Ingredients shall be stored separately from “private use” foods.

- Describe measure to protect food from contamination during preparation, storage, display, and transportation.

- Check type of methods used to avoid bare hand contact with Ready to Eat Foods:

- Disposable gloves Food Grade Paper

Utensils Other _____

- Check which will be used for cleaning and sanitizing food contact surfaces (pots, pans, cutting boards, utensils, and dishes); will the largest pot, pan, or cutting board fit?
 - Dishwasher (Requires water temperature verification)
 - Three compartment sink or labeled bins
- Check type of chemical sanitizer used and type of testing device used to measure sanitizer concentration. Note: sponges are not permitted for cleaning food contact surfaces. Sanitizers must be labeled, contained in a bucket with a wiping cloth or spray bottle.
 - Chlorine Bleach, maintained between 50 – 100 ppm, chlorine test strips
 - Quaternary Ammonia, maintain according to manufacturer's specification (usually between 200 – 400 ppm), Quat test strips
- Describe means for storage and disposal of rubbish, garbage and grease

- Food employees shall conform to employee health & hygiene requirements in 105 CMR 590.000.

The following must be submitted to the Ashland Health Department:

- Completed application including the above information
- \$95.00 Residential Kitchen License Fee payable to the "Town of Ashland"
- Copy of the Person In Charge's Food Protection Manager certification
- Copy of the Person In Charge's Food Allergen Awareness Training certification