



Public Health
Prevent. Promote. Protect.

**Town of Westwood
Commonwealth of Massachusetts
Board of Health**

For Office Use Only

Date: _____
Permit #: _____
Fee: _____

Residential Kitchen Application

Name of Business Owner: _____

Name of Property Owner, if different: _____

Address: _____

Phone Number: _____ Emergency Phone Number: _____

Email: _____

Type of operation: Retail *Wholesale
(*Permit must be obtained from Mass. Dept. Public Health/Food Protection Program)

I have submitted plans/applications to the following authorities on the following dates:

Town Clerk (business certificate): _____ Plumbing: _____ Zoning: _____ Electric: _____

Building: _____ Other: _____

Do you have written clearance from Zoning to conduct a business out of your home? Yes No

Hours of Operation:

Sunday	Wednesday	Saturday
Monday	Thursday	
Tuesday	Friday	

Number of Staff: _____ (only household members may be employed)

Projected Date to start: _____ Total Square Footage of Facility: _____

Number of Floors on which operations are conducted: _____

List the type(s) of food you plan to sell: _____

Provide information on the amount of space (in cubic feet) allocated for:

Dry Storage: _____ Refrigerated Storage: _____ Frozen Storage: _____

How will Dry goods be stored off the floor? _____

Is adequate and approved freezer and refrigeration available to store frozen foods frozen and refrigerated foods at 41°F (5° C) and below? Yes No

Where will the ingredients be purchased? _____

Describe where the ingredients and final products will be stored: _____

How will the product be packaged? _____

How will the product be labeled: (590 CMR 520.00)? _____

Number of sinks in prep kitchen: _____ How will they be used? _____

What kind of sanitizer will be used? Chlorine Quaternary ammonium Hot Water

Are test papers and/or kits available for checking sanitizer concentration? Yes No

Note: No sponges are permitted for cleaning food contact surfaces; sanitizers, bucket or spray bottles must be labeled. Wiping cloths should be kept in fresh sanitizer solution.

Describe how bare hand contact with ready to eat foods will be avoided:

Disposable Gloves Food grade paper Utensils Other:

Describe food prep surfaces (i.e. solid surface, wood, stainless) _____

Please note: All food prep surfaces shall be smooth, non-absorbent & easily cleanable.

Describe how children, family members, pets will be restricted from the Residential Kitchen during Production hours: _____

GARBAGE AND REFUSE

(Inside)

YES NO N/A

Do all containers have lids?

Will refuse be stored inside?
If so, where?

OUTSIDE

YES NO N/A

Do you have weekly trash pickup?

WATER SUPPLY

Is the water supply public private?

SEWAGE DISPOSAL

Is building connected to a municipal sewer? Yes No

If no, is private septic system in good working order? Yes No

Date of last pump out: _____

Please enclose the following documents:

- Proposed Menu
- Certified Food Manager and Allergen Awareness certificates
- Engineered Stamped Plans drawn to scale, if applicable

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 Westwood Health Department may nullify final approval. Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law. I certify that I have read and received the Residential Kitchen regulations contained in 105 CMR 590.00.

Signature(s): _____ Date _____

The Health Department has 30 days to review the Application

Approval of these plans and specifications by this Regulatory Authority **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 preopening 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.

Make check payable to: Town of Westwood

Permit fees are non-refundable