



**Town of Blackstone**  
 Chairman  
**Board of Health**  
 15 St. Paul Street  
 Blackstone, MA 01504  
 508.883.6335

Josh J. Ryan,

508.876.5130  
 Fax:

**APPLICATION FOR RESIDENTIAL KITCHEN/COTTAGE FOOD PERMIT**  
**(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)**

ESTABLISHMENT NAME

**PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION**

**IMPORTANT:**  
 When filling out  
 Forms on the  
 computer, use  
 TAB key to move  
 to next line – **DO**  
**NOT USE** the  
 ENTER key.



- Sections 1 – 8 are Complete
- Copy of General Liability Insurance Certificates with the ***Blackstone Board of Health listed as the certificate holder***
- Workers' Compensation Insurance Affidavit
- Copies of Food Protection and Allergy Awareness Certifications included with Application
- Non-Refundable Payment (Check made payable to the Town of Blackstone)

Applicants may either mail their information or apply in person at the Board of Health office.

The office hours are Mon/Wed 8:30 a.m. – 12:30 p.m., Tue 2:00 p.m. – 7:00 p.m., Thu 1:00 p.m. – 4:30 p.m., Fri 8:30 a.m. – 12:00 p.m.

**BOARD OF HEALTH OFFICE USE ONLY**

**APPLICATION APPROVED:**  YES  NO

**NOTES:** \_\_\_\_\_  
 \_\_\_\_\_

Signature of Board of Health Member/Agent

Date

PERMIT #:

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Chairman  
Board of Health  
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**APPLICATION FOR RESIDENTIAL KITCHEN/COTTAGE FOOD PERMIT**  
*(Must be submitted at least 14 Days prior to Operation)*

**1. ESTABLISHMENT INFORMATION**

Establishment Name		Owner/Applicant Name		
Establishment's Physical Address		City/Town	State	Zip Code
Establishment's Mailing Address (If Different from Above)		City/Town	State	Zip Code
Establishment's Phone Number		Email Address		

**2. OPERATING OUT OF**

House    Apartment/Condo    Other: \_\_\_\_\_

**3. LIST FOOD(S) THAT WILL BE PREPARED IN THE ESTABLISHMENT**

**4. LIST MARKET NAME(S) (INCLUDING STREETS AND TOWNS) WHERE INGREDIENTS WILL BE PURCHASED FROM**

**5. FOOD(S) WILL BE SOLD AT (CHECK ALL THAT APPLY)**

Internet Customers    Retail Stores/Shops    Supermarkets    Farmer's Market    Town Event(s)  
 Other: \_\_\_\_\_

**6. INTERNAL OPERATIONS**

Number of Employees \_\_\_\_\_   Number and Types of Pets \_\_\_\_\_

Are laundry facilities located in the Establishment?    YES    NO

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

Manual cleaning and sanitizing    Mechanical cleaning and sanitizing

Type of Sanitizer that will be used is manually cleaning: \_\_\_\_\_

Mechanical Dishwasher – Which method will be used to test internal temperature after final rinse?

Maximum registering thermometer       Heat thermal label

## 7. MAINTENANCE

Potable Water Source:     Municipal Water       Private Well\*       On-Site Well\*\*

\*If **Private Well**, you must attach well quality test results from a Massachusetts state certified lab which was done in the past year.

\*If **On-Site Well**, please give DEP Public Water Supply Number: \_\_\_\_\_

Chemical Sanitizer Used for Food Contact Surfaces: \_\_\_\_\_

Pest Control Company: \_\_\_\_\_

Rubbish Removal Company: \_\_\_\_\_

Septic Waste Disposal Company: \_\_\_\_\_

**APPLICANT MUST BE CERTIFIED IN FOOD PROTECTION AND ALLERGY AWARENESS.  
COPIES OF THE CERTIFICATES MUST BE SUBMITTED WITH APPLICATION.**

### **APPLICANT MUST PROVIDE A COPY OF YOUR FOOD LABEL (S) WITH THE APPLICATION.**

All foods prepared in a cottage food operation (residential kitchen) must be labeled with all ingredients (in order of amount by volume), list all allergens, name of cottage food operation (residential kitchen), address and/or phone number, and sell-by-date, if required. Full set of regulations see 105 CMR 520.00 Massachusetts Labeling Regulations.

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

## 8. SIGNATORY SECTION

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.00 and all other applicable laws.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health. Also, as reminder to keep tags and labels with containers of live molluscan shellfish.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

Pursuant to M. G. L. Ch. 62C, sec. 49A, I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
DATE

**Copies of [105 CMR 590.00](#) and the [Federal Food Code](#) can be obtained at the State House Book Store, Boston, MA (Telephone Number: (617) 727-2834):**

**INCOMPLETE APPLICATIONS WILL BE RETURNED BACK TO THE APPLICANT, RESULTING IN DELAY OF RECEIPT OF PERMIT.**

**APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.**

**EXPIRATION DATE: DECEMBER 31 OF EACH YEAR.**