



**TOWN OF WESTMINSTER**  
 11 South Street  
 WESTMINSTER, MASSACHUSETTS 01473  
 (978) 874-7409 • Fax (978) 874-7460  
**BOARD OF HEALTH**

Permit # \_\_\_\_\_

**Residential Kitchen Application**

Fee \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

**Distribution:**

Retail \_\_\_\_\_ wholesale \_\_\_\_\_

Selling foods: from home \_\_\_\_\_ at farmers market \_\_\_\_\_ Other \_\_\_\_\_

\*Please attach a menu of foods to be prepared in residential kitchen, include ingredients, purchasing sources, and methods of preparation.

**Dishwashing:**

Manual \_\_\_\_\_ Automatic \* \_\_\_\_\_ type of sanitizer used \_\_\_\_\_

\*Record and keep a log of the final rinse cycle temperature - thermometer available from BOH

**Town Services:**

Town water \_\_\_\_\_ Private well \_\_\_\_\_ Water quality testing *may* be required

Town sewer \_\_\_\_\_ Septic system \_\_\_\_\_ Title 5 inspection *may* be required

**Requirements:**

*Only non-potentially hazardous foods 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 area) 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 containing ingredients, allergens 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 certify that I am familiar with 105 CMR590.00 Minimum Sanitation Standards for Food Establishments- Article X. The above mentioned establishment will be operated and maintained in accordance with the regulations.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

***BOH use only:***

|                                   |                                 |                       |
|-----------------------------------|---------------------------------|-----------------------|
| Reviewed regulations _____        | Given pamphlet info _____       | Inspection done _____ |
| Septic system flow capacity _____ | Menu attached _____             | Permit mailed _____   |
| Dishwasher temp log _____         | Returned thermometer / _____    | Title5 received _____ |
| Well water test results _____     | Title 5 inspection needed _____ |                       |