



TOWN OF MILFORD
BOARD OF HEALTH
Milford Town Hall 52 Main Street, Milford MA01757
Phone (508) 634-2315 Fax (508) 473-1380

APPLICATION FOR PERMIT TO OPERATE A RESIDENTIAL KITCHEN

Annual Permit Fee: \$100 (Payable to the Town of Milford)

APPLICATION FEES ARE NON-REFUNDABLE
INFORMATION

Name of Applicant: _____

Address of Residential Kitchen: _____

Name of Business: _____

Email: _____ Phone: _____

Residential Kitchen is Located in a: ☐ House ☐ Apartment/Condo ☐ Other ☐ Owner Occupied

List the food (s) that will be prepared: _____

List Market Name (s) where ingredients will be purchased: _____

Food (s) will be sold to: Check all that apply, Internet customers _____ Retail Stores _____ Farmers Markets _____

Other (describe): _____

Number of Employees (only family members that reside here): _____

Number and Type of Pets at Home: _____

Are laundry facilities located in the kitchen: Yes _____ No _____

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

Manual _____ Type of Sanitizer being Used _____

Mechanical method used to test internal temperature after final rinse.

Maximum Registering Thermometer _____ or Heat Thermal Label _____

Please provide a draft of how your food labels will be written.

CERTIFICATIONS

Food Safety Manager Certification Name: _____ **Exp Date:** _____

Allergen Awareness Certification Name: _____ **Exp Date:** _____

YOU MUST PROVIDE COPIES OF ALL CERTIFICATIONS LISTED ABOVE

Inspection Policy

An inspection must take place before a permit is issued. Once the permit is issued the Residential Kitchen will be allowed to operate. The Health Inspector will contact the applicant to schedule the inspection.

MAINTENANCE

Potable Water Source: ☐ Municipal Water ☐ On-Site Well, Last date tested _____

Sewerage Disposal: ☐ Municipal ☐ On-Site Sewage Disposal System

SIGNATORY PAGE

- ✓ 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 590.000 and all other applicable law.
- ✓ 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.

No application for a food permit shall be considered without the following information – Please be sure read the item in the box below.

Pursuant to MGL Chapter 62C, § 49A, I certify under penalty of perjury that I, to the best of my knowledge, have filed all state tax returns and paid state and local taxes required under law.

Print Name: _____

Mailing Address: _____

Applicant Date of Birth: _____ Date: _____

Signature: _____