



CITY OF EASTHAMPTON

BOARD OF HEALTH

50 Payson Avenue
Easthampton, MA 01027
(413) 529-1430 TEL
(413) 529-1442 FAX



Public Health
Prevent. Promote. Protect.

Bri Dupras, REHS/RS
Health Director

Residential Kitchen/Cottage Food Operations Application

1) Establishment Name:																
2) Establishment Address:																
3) Establishment Mailing Address (if different):																
4) Establishment Telephone No:	Fax:															
5) Applicant Name & Title:	Email:															
6) Applicant Address:																
7) Applicant Telephone No:	24 Hour Emergency No:															
8) Owner Name & Title (if different from applicant):																
9) Owner Address (if different from applicant):																
10) Establishment Owned By: <input type="radio"/> An association <input type="radio"/> A corporation <input type="radio"/> An individual <input type="radio"/> A partnership <input type="radio"/> Other legal entity _____	11) If a corporation or partnership, give name, title, and home address of officers or partner. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Title</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Home Address</u></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	<u>Name</u>	<u>Title</u>	<u>Home Address</u>												
<u>Name</u>	<u>Title</u>	<u>Home Address</u>														
12) Person Directly Responsible For Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)																
Name & Title:																
Address:																
Telephone No:	Fax:															
Emergency Telephone No:	Email:															
13) District Or Regional Supervisor (if applicable)																
Name & Title:																
Address:																
Telephone No:	Fax:															

14) Water Source (town or private)		15) Sewage disposal (town or private):	
16) Days and Hours of Operation:		17) No. of Food Employees:	
18) Name of Person In Charge Certified in Food Protection Management:			
19) Person Trained In Anti-Choking Procedures (if 25 seats or more):			
19a) Person Trained in Allergen Awareness:			
20) Location: <input type="checkbox"/> Permanent Structure <input type="checkbox"/> Mobile		22) Establishment Type <i>(check all that apply)</i> <input type="checkbox"/> Retail (Sq. Ft) <input type="checkbox"/> Food Service – (Seats) <input type="checkbox"/> Food Service – Takeout <input type="checkbox"/> Food Service – Institution (Meals/Day) <input type="checkbox"/> Caterer <input type="checkbox"/> Food Delivery <input type="checkbox"/> Residential Kitchen for Retail Sale <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Home <input type="checkbox"/> Residential Kitchen for Bed and Breakfast Establishments <input type="checkbox"/> Frozen Dessert Manufacturer	
21) Length Of Permit: <i>(check one)</i> <input type="checkbox"/> Annual <input type="checkbox"/> Seasonal/Dates: _____		Other (Describe):	
23) Food Operations: <i>(check all that apply):</i>		Definitions: PHF – potentially hazardous food(time/temperature controls required) Non-PHF – non- potentially hazardous food (no time/temperature controls required) RTE – ready-to-eat foods (Ex. sandwiches, salads, muffins which need no further processing)	
<input type="checkbox"/> Sale of Commercially Pre-Packaged Non-PHF's	<input type="checkbox"/> PHF Cooked To Order	<input type="checkbox"/> Hot PHF Cooked and Cooled or Hot Held for More Than a Single Meal Service.	
<input type="checkbox"/> Sale of Commercially Pre-Packaged PHF's	<input type="checkbox"/> Preparation Of PHF's For Hot And Cold Holding For Single Meal Service.	<input type="checkbox"/> PHF and RTE Foods Prepared For Highly Susceptible Population Facility	
<input type="checkbox"/> Delivery of Packaged PHF's	<input type="checkbox"/> Sale Of Raw Animal Foods Intended to be Prepared by Consumer.	<input type="checkbox"/> Vacuum Packaging/Cook Chill	
<input type="checkbox"/> Reheating of Commercially Processed Foods For Service Within 4 Hours.	<input type="checkbox"/> Customer Self-Service	<input type="checkbox"/> Use Of Process Requiring A Variance And/Or HACCP Plan (including bare hand contact alternative, time as a public health control)	
<input type="checkbox"/> Customer Self-Service Of Non-PHF and Non-Perishable Foods Only.	<input type="checkbox"/> Ice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Offers Raw Or Undercooked Food Of Animal Origin.	
<input type="checkbox"/> Preparation Of Non-PHF's	<input type="checkbox"/> Juice Manufactured and Packaged for Retail Sale	<input type="checkbox"/> Prepares Food/Single Meals for Catered Events or Institutional Food Service	
Other (Describe):		<input type="checkbox"/> Offers RTE PHF in Bulk Quantities <input type="checkbox"/> Retail Sale of Salvage, Out-of Date or Reconditioned Food	

Are you planning on selling retail/director to the consumer (i.e. Farmers Markets, online sales, etc.)?
_____ Yes _____ No

Are you planning on selling wholesale (i.e. selling bulk to larger stores, selling to grocery stores to re-sell your product, etc.)?

_____ Yes _____ No

*If you answered yes, you are also required to obtain a wholesale license from the MA Dept. of Health, Food Protection Program

NOTE: Residential kitchens/cottage food operations are limited to non-potentially hazardous foods/non-time/temperature controlled foods. Common examples are baked goods, jams/jellies, etc.

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 have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal Food Code.

24) Signature of Applicant: _____

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

25) Social Security Number or Federal ID: _____

26) Signature of Individual or Corporate Name: _____

Attachments required:

- Floor plan
- Copy of menu
- Copies of all labels for pre-packaged food
 - Ingredients shall be listed in order by weight
 - *See below for specific labeling requirements
- Copy of vomiting/diarrheal event plan
- Copies of signed Employee Health Care policies
- Food Protection Manager's Certificate
- Allergen Awareness Certificate(s)

*The label affixed or provided to the direct consumer must contain the following information (printed in English): a. The name and address of the Cottage Food Operation; b. The name of the Cottage Food Product; c. The ingredients of the Cottage Food Product, in descending order of predominance by weight; d. The net weight or net volume of the Cottage Food Product; e. Allergen information as specified by federal labeling requirements. This includes identifying if any of the ingredients are made from one of the following food groups: milk, eggs, wheat, peanuts, soybeans, fish (including shellfish, crab, lobster or shrimp) and tree nuts (such as almonds, pecans or walnuts); AND f. Nutritional labeling as specified by federal labeling requirements is required if any nutrient content claim, health claim, or other nutritional information is provided.

INCOMPLETE APPLICATIONS WILL BE MAILED BACK WITH INSTRUCTIONS FOR CORRECTION.

Check all that apply	Establishment Type	Fee	
	Food Establishment, Risk 1	\$100	Sale of pre-packaged, non-time/temperature controlled for safety foods only.
	Food Establishment, Risk 2	\$150	Sale of pre-packaged, time/temperature controlled for safety foods. Limited food preparation of non-TCS foods such as coffee/tea and/or hot dogs, etc. Example: retail store with coffee, convenient store with hot dog steamer
	Food Establishment, Risk 3	\$250	Preparation of time/temperature controlled for safety foods, limited menu, majority of foods are prepared/cooked and served immediately for quick service. No cooking, cooling, and re-heating required. No raw foods on site. Example: Coffee shop with breakfast & lunch sandwiches, sandwich shop only, ice cream shop, convenient store with several prepared food options available.
	Food Establishment, Risk 4	\$350	Full service establishments with extensive menu and handling of raw ingredients. Complex preparation of food including cooking, cooling, and re-heating. Example: full size restaurant, diner, pizza shop
	Food Establishment, Risk 5	\$400	Establishments serving a highly susceptible population such as a preschool, hospital, or nursing home. Includes establishments that conduct specialized processing requiring a variance and/or HACCP plan such as smoking/curing food, reduced oxygen packaging for extended shelf-life, etc. Includes establishments with several departments such as a grocery store. Example: grocery store, nursing home, hospital
	Caterer	\$100	
	Bed and Breakfast Establishment/Home	\$100	
	Cottage Food Operation	\$100	Limited to non-TCS foods only
	Frozen Dessert	\$60	
	Religious Organization/Non-Profit	\$50	
	Seasonal Food Permit (maximum 6 months)	\$75	
	Plan Review		
	Plan Review: Risk 1, Mobile/Push Cart, Bed and Breakfast Establishment/Home, Cottage Food Operation, or Seasonal Permit	\$100	One time fee prior to opening
	Plan Review: Risk 2-5	\$300	One time fee prior to opening

Total: _____