



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Residential Kitchen Food Permit Application

Date _____

Name of Applicant:	Phone:	
Name of Person In Charge		
Address of Applicant:		
City:	State:	Zip
Email Address:		
Signature of Applicant:		

Name of Food Business:
Food Prep Business Address:
Days of Operation
Hours of Operation

Note: Compliance must be achieved from all other local enforcement agencies (i.e. Licensing Board, Plumbing, Building and Zoning Department.) before a permit may be issued from the Public Health Department.

Instructions: You are required to provide the intended list of food to be prepared or distributed in or from the Residential Kitchen. Indicate the source of the food or the location where the food items were purchased. Submit additional documents if necessary.

- Refrigeration: Required: ☐ Not Required: ☐ If required, describe the method of refrigeration?
- Describe Measures to Protect Food from Contamination During Preparation, Storage, and Display:
- Describe Means for Storage and Disposal of Rubbish, Garbage and Grease:
- Provide the number of Food Handlers.
Describe the food protection training level of the food handlers.
- Provide the number and describe the location of Hand washing sinks.
- Provide the number and describe the location of the Toilet Facilities:
- Does the Person in Charge have a valid Food Protection Manager or Serve Safe Certificate? YES: ☐ NO: ☐
- Will Hair Restraints be provided to the food handlers? YES: ☐ NO: ☐
- Will Disposable Gloves be provided to the food handlers? YES: ☐ NO: ☐

Public Health Department use only:

PERMIT NUMBER _____ DATE RECEIVED _____ AMOUNT RECEIVED _____ INSPECTION DATE _____ <div style="text-align: center;"> APPROVED BY: _____ DATE: _____ </div>
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