

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:					

**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 where purchased. Submit additional documents if necessary.

Items:	Where was the food purchased?	

## Answer the following questions to complete the permit application process:

- Food is prepared or cooked on site: Yes □ No□. If yes, describe the equipment being used to cook the food.
- Is propane used for cooking: Yes: □ No: □ If yes, a permit from the Holbrook Fire Dept may be required.
- $\circ$  Food is cooked off site: Yes  $\square$  No  $\square$  If yes, where is the food cooked?
- Pots, pans, utensils and dishes are washed on site: Yes □ No □ If yes, describe ware washing process.
- Describe Equipment and method of Transporting Food Hot (145° F or above):
- Describe Equipment and method of Transporting Food Cold (41° F or below):

- $\circ$  Refrigeration: Required:  $\Box$  Not Required:  $\Box$  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:  $\Box$  NO:  $\Box$
- $\circ$  Will Disposable Gloves be provided to the food handlers? YES:  $\Box$  NO:  $\Box$

## **Public Health Department use only:**

PERMIT NUMBER	DATE RECEIVED	AMOUNT RECEIVED	INSPECTION DATE
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APPROVE	D BY:	DATE:	