



**WRENTHAM  
BOARD OF HEALTH**  
79 South Street, Wrentham, MA. 02093  
**APPLICATION FOR RESIDENTIAL KITCHEN**  
*New applications must be submitted thirty days prior to opening*

Date of Application: \_\_\_\_\_ Fee: \_\_\_\_\_ Permit Number: \_\_\_\_\_  
*to be completed by office*

Establishment Name:	
Establishment Address:	
Establishment Mailing Address:	
Establishment Telephone Number:	Fax Number:
Applicant Name:	Title:
Applicant Telephone Number:	
Applicant Email Address:	
Mail <input type="checkbox"/> or Email <input type="checkbox"/> Permit to: Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Corporate Address <input type="checkbox"/> Regional Supervisor <input type="checkbox"/>	
<b>PERSON RESPONSIBLE FOR DAILY OPERATIONS:</b>	
Name:	
Telephone Number:	<b>Emergency Number:</b>
Address:	
Email Address:	
<b>Owner Name:</b>	
Owner Address:	
Owner Telephone Number:	Fax Number:
Owner Email Address:	
<b>Corporation Name:</b> <i>(if applicable)</i>	
Corporate Office Address:	
Corporate Telephone Number:	Fax Number:
If owned by a corporation or partnership, give name, title and address of officers or partners.	
Please list them on a separate sheet of paper and attach to this application.	
Sheet Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>District or Regional Supervisor</b> <i>(if applicable)</i>	
Name:	
Address:	
Telephone Number:	Fax Number:
Email Address:	
Number of Employees:	Seating Capacity:

Days and Hours of Operation:	Sewage Disposal:
Water Source:	
<b>FOOD SAFETY</b> Applicants must attach copies of all food certification certificates. Applications will not be processed without current certifications	
<b>Person(s) Certified in Food Protection Management</b>	
<b>Name:</b>	<b>Expiration Date of Certification:</b>
1.	
2.	
3.	
<b>Person(s) Certified in Allergen Awareness</b>	
<b>Name:</b>	<b>Expiration Date of Certification:</b>
1.	
2.	
<b>Establishment Type:</b> Check all that apply <input type="checkbox"/> Retail Only <input type="checkbox"/> Food Service <input type="checkbox"/> Take Out <input type="checkbox"/> Catering <input type="checkbox"/> Food Delivery <input type="checkbox"/> Frozen Desserts <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Food Service Institution, please indicate the number of meals per day ____ <input type="checkbox"/> Other, please describe _____	

<b>Food Operations:</b>  <i>Check all that apply</i>	<b>Definitions:</b> TCS: Time and Temperature Controlled for Safety Non-TCS : No time/temp controls required RTE: Ready to Eat Foods ( sandwiches, salads, muffins, that need no further processing)
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<input type="checkbox"/> Sale of Commercially Pre-Packaged Non- TCS's	<input type="checkbox"/> TCS Cooked to Order	<input type="checkbox"/> Hot TCS cooked or cooled or hot held for more than a single meal service
<input type="checkbox"/> Sale of Commercially Pre-Packaged TCS's	<input type="checkbox"/> Preparation of TCS's for Hot and Cold Holding for single meal service	<input type="checkbox"/> TCS and RTE foods prepared for highly susceptible population
<input type="checkbox"/> Delivery of Packaged TCS's	Sale of Raw Animal Foods intended to be prepared by the Consumer	<input type="checkbox"/> Vacuum packing/cook chili
<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 public health control)
<input type="checkbox"/> Customer Self-Service of Non-TCS 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-TCS'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
<input type="checkbox"/> Other (Describe: _____)	<input type="checkbox"/> Offers RTE TCS in Bulk Quantity	<input type="checkbox"/> Retail sale of salvage, out of date or reconditioned food

PLEASE PROVIDE CURRENT MENU AND FLOOR PLAN OF YOUR KITCHEN.

*I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the establishment will comply with 105 CMR 590.00 and all other applicable law. The Board of Health has instructed me on how to obtain copies of 105 CMR 590.00 and the Federal Food Code.*

Signature of Applicant: \_\_\_\_\_