

## Town of Uxbridge

Board of Health 21 South Main Street Uxbridge, MA 01569 508-278-8600 ext. 8 boh@uxbridge-ma.gov

## **Cottage Food Operation Permit Application**

<b>—</b>	(Residential Kitchen)			
Fee \$100.00 (Checks made payable to Town of Uxbridge Permit expires December 31 <sup>st</sup> of each year	)			
Name of applicant				
Business name				
Address of cottage food operation				
Mailing address				
Cottage food operation located in a	house	_apt./condoother		
Phone number	Email			
List food(s) that will be prepared in the cottage operation				
List market name (s) (including street & town) where ingredients will be purchased from				
Food will be sold (check all that apply) Other (describe)	retail stores/shops	farmer's market		
Number of employees				
Number and types of pets at home				
Are laundry facilities located in the cottage k	kitchen	_yesno		

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

manual cleaning and sanitizing	mechanical cleaning and sanitizing
Type of sanitizer that will be used if manually	cleaning
Mechanical dishwasher which method will	be used to test internal temperature after final rise?
maximum registering thermom	eterheat thermal label
Cottage food operation is serviced by	town sewerprivate septic system town water private well
(If private well you must attach well quality test	esults from a Massachusetts state certified lab which

## Applicant must be certified in food protection and allergy awareness. Copies of the certificates must be submitted with application.

**Applicant must provide a copy of your food label (s) with the application.** All foods prepared in a cottage food operation (residential kitchen) must be labeled with all ingredients (in order of amount by volume), list all allergens, name of cottage food operation (residential kitchen), address and/or phone number, and sell-by-date, if required. Full set of regulations see 105 CMR 520.00 Massachusetts Labeling Regulations.

An inspection must take place before a permit is issued. Once the permit is issued the cottage kitchen will be allowed to operate. The health agent will contact the applicant to schedule an inspection

Pursuant to M. G. L. Ch. 62C, section 49A, I certify under penalty of perjury the I, to the best of my knowledge and belief, have filed all state tax returns and paid all state and local taxes required by law.

Social Security Number or Federal Id Number\_\_\_\_\_

Print Name

was done in the past year)

Signature

Date

Office use	approved	date approved
Comments		