



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

APPLICATION FOR RESIDENTIAL KITCHEN/COTTAGE FOOD PERMIT
(PERMITS EXPIRE YEARLY ON DECEMBER 31ST)

ESTABLISHMENT NAME

PLEASE ATTACH THIS PAGE WITH YOUR COMPLETED APPLICATION

IMPORTANT:

When filling out
Forms on the
computer, use
TAB key to move
to next line – **DO**
NOT USE the
ENTER key.



- ☐ Sections 1 – 8 are Complete
- ☐ Copy of General Liability Insurance Certificates with the ***Mendon Board of Health listed as the certificate holder***
- ☐ Workers' Compensation Insurance Affidavit
- ☐ Copies of Food Protection and Allergy Awareness Certifications included with Application
- ☐ Non-Refundable Payment (Check made payable to the Town of Mendon)

Applicants may either mail their information or apply in person at the Board of Health office.

The office hours are Monday thru Thursday from 7:00 a.m. – 4:00 p.m.

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES ☐ NO

NOTES: _____

Signature of Board of Health Member/Agent

Date



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

FEE: \$100.00

PERMIT #: _____

APPLICATION FOR RESIDENTIAL KITCHEN/COTTAGE FOOD PERMIT

(Must be submitted at least 14 Days prior to Operation)

1. ESTABLISHMENT INFORMATION

Establishment Name _____

Owner/Applicant Name _____

Establishment's Physical Address _____

City/Town _____

State _____

Zip Code _____

Establishment's Mailing Address (If Different from Above) _____

City/Town _____

State _____

Zip Code _____

Establishment's Phone Number _____

Email Address _____

2. OPERATING OUT OF

☐ House ☐ Apartment/Condo ☐ Other: _____

3. LIST FOOD(S) THAT WILL BE PREPARED IN THE ESTABLISHMENT

4. LIST MARKET NAME(S) (INCLUDING STREETS AND TOWNS) WHERE INGREDIENTS WILL BE PURCHASED FROM

5. FOOD(S) WILL BE SOLD AT (CHECK ALL THAT APPLY)

☐ Internet Customers ☐ Retail Stores/Shops ☐ Supermarkets ☐ Farmer's Market ☐ Town Event(s)

☐ Other: _____

6. INTERNAL OPERATIONS

Number of Employees _____ Number and Types of Pets _____

Are laundry facilities located in the Establishment? ☐ YES ☐ NO

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

☐ Manual cleaning and sanitizing ☐ Mechanical cleaning and sanitizing

Type of Sanitizer that will be used is manually cleaning: _____

Mechanical Dishwasher – Which method will be used to test internal temperature after final rinse?

☐ Maximum registering thermometer ☐ Heat thermal label

7. MAINTENANCE

Potable Water Source: ☐ Municipal Water ☐ Private Well* ☐ On-Site Well**

*If **Private Well**, you must attach well quality test results from a Massachusetts state certified lab which was done in the past year.

*If **On-Site Well**, please give DEP Public Water Supply Number: _____

Chemical Sanitizer Used for Food Contact Surfaces: _____

Pest Control Company: _____

Rubbish Removal Company: _____

Septic Waste Disposal Company: _____

**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.

8. SIGNATORY SECTION

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 590.00 and all other applicable laws.

I, as applicant, assure agents of the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health. Also, as reminder to keep tags and labels with containers of live molluscan shellfish.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.00 and the Federal Food Code.

Pursuant to M. G. L. Ch. 62C, sec. 49A, I certify under penalty of perjury that 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.

PRINT NAME

SIGNATURE

DATE

Copies of [105 CMR 590.00](#) and the [Federal Food Code](#) can be obtained at the
State House Book Store, Boston, MA (Telephone Number: (617) 727-2834):

**INCOMPLETE APPLICATIONS WILL BE RETURNED BACK TO THE APPLICANT, RESULTING IN
DELAY OF RECEIPT OF PERMIT.**

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.

EXPIRATION DATE: DECEMBER 31 OF EACH YEAR.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information – Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you and Employer? Check the appropriate box:

1. ☐ I am a Employer with _____ employees (full and/or part-time).*
2. ☐ I am a Sole Proprietor or Partnership and have no employees working for me in any capacity.
[No Workers' Comp Insurance Required]
3. ☐ We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees. [No Workers' Comp Insurance Required]**
4. ☐ We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

Business Type (Required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other: _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ **Date:** _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Issuing Authority: ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board

☐ Selectmen's Office ☐ Other: _____

Contact Person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia