



Department of Health & Human Services
 Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Commissioner: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY	
Date:	_____
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>
Food Protection Manager	<input type="checkbox"/>
Allergy Certificate	<input type="checkbox"/>

2023 RESIDENTIAL KITCHEN PERMIT APPLICATION

PERMIT FEE: \$150.00: **ALL FEES PAID ARE NON-REFUNDABLE**

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

Establishment Owned by (Check one Box)		Please attach List of Corporate and Partnership Officers		
<input type="checkbox"/> An Association	<input type="checkbox"/> A Corporation	<input type="checkbox"/> An Individual	<input type="checkbox"/> A Partnership	<input type="checkbox"/> Other Legal Entity
If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners				
Name	Title	Home Address		

24 Hour Emergency Contact-Person In Charge

Name & Title: _____
Address: _____
Telephone #: _____
24 Hour Emergency #: _____

Signature of Applicant: _____

Signature of corporate Representative (i.e. President, CFO, COO): _____

RESIDENTIAL KITCHEN INFORMATION

Name of Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Person Trained in Anti-Choking Procedures (if 25 or more seats): _____

PLEASE ATTACH COPIES OF CERTIFICATIONS

Water Source: Public Well

Sewage Disposal: Public Well

THIS PRODUCT LIST MUST BE COMPLETED PRIOR TO PERMITTING

List all food items to be prepared and distributed.-Only foods that are non-potentially hazardous are allowed.

Residential Wholesale Operations are not allowed.

RESIDENTIAL KITCHEN PRODUCT LIST

TYPE OF FOOD PRODUCT MANUFACTURED	LIST OF INGREDIENTS (In order of predominance by weight)	LOCATION AND NAME OF ESTABLISHMENT(S) WHERE SOLD
PRODUCT 1		
PRODUCT 2		
PRODUCT 3		
PRODUCT 4		
PRODUCT 5		
PRODUCT 6		
PRODUCT 7		
PRODUCT 8		
PRODUCT 9		
PRODUCT 10		