



TOWN OF MEDWAY
COMMONWEALTH OF MASSACHUSETTS

*Medway Town Hall
155 Village Street
Medway, MA 02053
Phone (508) 533-3206*

BOARD OF HEALTH

Residential Kitchen/ Cottage Food Permit Application

Date: _____

Type of Application: ☐ New Residential Kitchen/ Cottage Food Operation (skip section 4)
 ☐ Renewal (skip section 5)

1. Food Establishment Information:

Establishment Name: _____

Address: _____ Medway, Massachusetts 02053

Mailing Address (if different): _____

Phone Number: _____ Email: _____

2. Applicant Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

3. Owner Information:

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

4. Renewal Certification (for renewal applicants only):

☐ I have not made changes to my operation

☐ I have made changes to my operation (detail changes below):

5. Operation Information (for new applicants only):

Do you own the property where residential kitchen will be located?

☐ Yes

☐ No (provide written permission from property owner)

Only non-TCS (Time/ Temperature Control for Safety) foods (foods that do not require refrigeration) shall be prepared in or distributed from a residential kitchen/ cottage food operation. List food item(s) that will be produced and distributed:

List source of all ingredients to be used (must be obtained from approved sources (licensed wholesale establishments):

The kitchen sink may not be used for hand washing after toilet use but may be used for food preparation and ware washing provided it is cleaned and sanitized prior to and between use. Describe how sinks will be used within the household:

Describe how will food contact surfaces be cleaned and sanitized:

☐ Chlorine: _____ ☐ Quaternary: _____

Pets may be present on the premises but shall be kept out of food preparation and dining areas during food preparation, packaging, and service to the public. List pets that live in and/ or visit the household:

Describe how pets will be excluded from food preparation area(s):

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I _____, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the jurisdictional current code and allow the regulatory authority to the establishment specified under § 8-402.11 and to records specified under §§ 3-203.12 and 5-205.13 and subparagraph 8-201.14(D) (6).

Name (Please Print)

Signature

Submit the following:

- Completed Residential Kitchen/ Cottage Food Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- Permit Fee- \$75- Make check payable to “Town of Medway”
- Workman’s Compensation Affidavit (we have attached for you)
- Certificate of Liability
- Certified Food Protection Manager Certificate (if obtained)
- Allergen Awareness Certificate (if obtained)