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Board of Health

City of Medford

BOARD OF HEALTH

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APPLICATION FOR RETAIL RESIDENTIAL KITCHEN PERMIT June 2025

Residential Kitchen Fee: \$150.00

Mandatory Rodent Control Fee: \$25.00

Include:

- ☐ Completed Application
- ☐ Application Fee of \$175 (payable by check to the City of Medford or cash)
- ☐ A sketch of the proposed kitchen, preparation and storage areas drawn to scale
- ☐ Attach a sample product label (requirements as defined by 105 CMR 520.00)
- ☐ Food Safety Manager Certificate
- ☐ Food Allergen Awareness Training Certificate
- ☐ List of foods to be served
- ☐ List of ingredients for each food listed and labeled by weight

Distribution:

Retail _____ Wholesale _____ (Note: Wholesale distribution requires a state license)

Selling foods: From Home _____ Farmer's Market _____

Website _____ Please include link _____

Other (Please explain) _____

NOTE 1: The use of brokers, wholesalers and warehouses by Retail Residential Kitchen operators to store, sell and distribute foods prepared in approved Retail Residential Kitchens is prohibited. Wholesale operations (selling to retail stores, restaurants etc.) require a Wholesale Residential Kitchen license obtained from the State of Massachusetts. The Medford Board of Health does not issue permits for Wholesale Residential Kitchens. If a Residential Kitchen is both Retail and Wholesale, then it requires both a Medford Retail Residential Kitchen Permit and a State of Massachusetts Wholesale Residential Kitchen license.

You are strongly encouraged to refer to the State of Massachusetts information on Retail/Wholesale Retail kitchens below (include the - at the end of the link)

www.mass.gov/lists/retail-food#residential-kitchen-guidance-

Signature of Retail Residential Kitchen Owner

Date

APPLICATION FOR RETAIL RESIDENTIAL KITCHEN PERMIT

Establishment Name:
Establishment Type: House_____ Apartment_____ Condo_____
Days and hours of operation
Establishment Mailing Address:
Establishment Telephone Number: Cell: _____ Other: _____
Establishment E-Mail: (Required)
Owner Name and Title :
Owner Home Address:
Owner Telephone Number: Cell: _____ Other: _____
Owner E-Mail (Required if different from above):
Property Owner Name (if different from above):
Property Owner Mailing Address (if different from above):
Property Owner Telephone (if different from above): Cell: _____ Other: _____
Property Owner E-Mail (if different from above):

Projected Start Date of Operations: _____

Attach a sketch of the proposed kitchen preparation and storage areas drawn to scale. A hand drawn sketch is acceptable.

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Temperature Controlled Foods (TCS)

Non-TCS Foods: Only non-time/temperature control for safety (TCS) baked goods, jams, jellies, and other such foods may be produced at a Residential Kitchen .

TCS Ingredients: Ingredients from approved sources that are TCS foods, such as milk, cream, and eggs, may be used in food preparation for the public provided that the final product is not a TCS food. Temperature Controlled Foods (TCS) must be stored at the appropriate temperatures. Hot foods at 135°F or above and Cold foods at 41°F or below.

List food(s) that will be prepared in the residential kitchen. Include a menu if one is provided to customers. (attach a sheet if more room is required):

List market/store name(s) (including street & town) where ingredients will be purchased from (attach a sheet if more room is required):

Food Item	Location

Provide a brief description of what steps will be taken to prevent co-mingling of storage of food for public consumption with family food storage (refrigerated foods as well as dry good storage).

(attach a sheet if more room is required):

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TRAINING AND POLICIES

1. Identify by name your Certified Food Safety Manager (include certificate(s))

2. Identify by name your Food Allergen Awareness Manager (include certificate(s))

3. Describe how bare hand contact with ready to eat foods will be avoided.

4. Circle type of methods:

Disposable gloves - utensils - food grade paper - other _____

5. Is there a policy to exclude or restrict food handlers who are sick or have infected cuts and lesions? Y___N___ Please attach the written policy:

6. Attach a copy of a “sick policy” guide sheet.

CLEANING/SANITIZING

Note: No preparation, packaging, or handling of food may occur in the kitchen area concurrent with other domestic activities such as family meal preparation, clothes washing or ironing, or guest entertainment

1. Dishwashing:

Manual*_____ Automatic**_____ Type of sanitizer used_____

*Equipment must be submerged in water at a temperature of 171°F if sanitizing with heat

**Dishwasher must reach temperature of 180°F if sanitizing with heat

2. Manual/Hand and Warewashing: The kitchen sink may be used for food preparation and ware-washing. It may NOT be used for handwashing after toilet use.

a. How will sinks be set up for handwashing?

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b.How will sink(s) be set up for manual warewashing?

3.Describe food contact surfaces and how they will be cleaned and sanitized.

4.Where will soiled equipment be stored prior to washing? Please describe.

5.How will sanitizing of cooking equipment, cutting boards, counter tops and other food contact surfaces be accomplished for those items which cannot be submerged in sinks or put through a dishwasher?

***Note:** Sponges are not permitted for cleaning food contact surfaces. Sanitizers, bucket or spray bottle, must be labeled. Wiping cloths should be kept in fresh sanitizer solution.*

6.Chemical Sanitizer

Chemical Type: _____

Concentration: _____

Testing Device: _____

7.Are laundry facilities located in the residential kitchen? Yes _____ No _____

8.Are there pets on site? Yes _____ No _____

If YES, please list type of pets and number of each _____
(Pets may be present on the premises but must be kept out of the food preparation and dining area)

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9. Is the Bathroom supplied with hand sink, hand soap, paper towels YES____ NO ____

GARBAGE AND REFUSE - Inside

1. Do all containers have lids? YES____ NO____ N/A____

2. Will refuse be stored inside? YES____ NO____ N/A____

If so, where? _____

SEWAGE DISPOSAL

Is the building connected to a municipal sewer? YES____NO____

WATER SUPPLY

Is the water supply public? YES____NO____

If private, has the source been approved? YES____ NO____

If YES, attach copy of the approval/permit

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LABELING

All foods made and sold by residential kitchens must be labeled according to the Massachusetts State Food Code 105 CMR 590.000. A Residential Kitchen may only sell food products which are prepackaged with an ingredient label.

The product does not need to be analyzed by a laboratory to obtain an official ingredient list, but all ingredients must be listed in descending order of predominance by weight. If a prepared item is used in the recipe, sub-ingredients must also be listed. For example, if you use soy sauce as an ingredient, listing soy sauce is not acceptable; soy sauce (wheat, soybeans, salt) is acceptable.

The label affixed or provided to the direct consumer must contain the following information (printed in English):

1. The name and address of the Cottage Food Operation;
2. The name of the Cottage Food Product;
3. The ingredients of the Cottage Food Product, in descending order of predominance by weight;
4. The net weight or net volume of the Cottage Food Product;
5. Allergen information as specified by federal labeling requirements. This includes identifying if any of the ingredients are made from one of the following food groups: milk, eggs, wheat, sesame, peanuts, soybeans, fish (including shellfish, crab, lobster or shrimp) and tree nuts (such as almonds, pecans or walnuts); AND
6. Nutritional labeling as specified by federal labeling requirements is required if any nutrient content claim, health claim, or other nutritional information is provided.

Example	
Massachusetts Minimum Requirements for Packaged-Food Labeling	
WHEAT BREAD	
Ingredients: Flour (bleached wheat flour, malt barley, flour, niacin, iron, potassium thiamine, thiamine mononitrate, riboflavin, folic acid), Sugar, Eggs, Water, Milk, Margarine (liquid soybean oil, partially hydrogenated soybean oil, water, salt, whey, soybean lecithin, vegetable mono & diglycerides, sodium benzoate as a preservative, potassium caseinate [a milk protein], artificially colored, FD&C Red #3, artificially flavored, vitamin A, dalmite added), Yeast, Salt	
Contains: Wheat, Eggs, Milk, Soy	
Sell by: 9/22/08 Net Weight: 1 pound (16 oz.) The Bakery 412 Main Street Anytown, MA 01234	

Food Allergen Labeling	
The Food Allergen Labeling and Consumer Protection Act of 2004 (FALCPA) addresses the labeling of foods that contain any of the eight major food allergens.	
FALCPA defines "major food allergens" as:	
• Milk • Tree Nuts	• Fish • Soybeans • Egg • Wheat • Sesame • Crustacean • Peanuts
All ingredients that contain a major food allergen must be labeled, even if they are exempted from labeling by being a spice, flavoring, coloring or incidental additive. FALCPA requires the labeling of food allergens in one of two ways.	
1. In the ingredient statement, include the common or usual name of the food source, followed by the name of the allergen in parentheses. For example: Ingredients: Flour (wheat), whey (milk)	
2. After the ingredient statement, place the word, "Contains:" followed by the name of the food allergen. For example: Contains: Wheat, Milk	
FALCPA requires that:	
• For Tree Nuts, the specific type of nut must be declared. walnuts	
Example: almonds, pecans,	
• For Fish and Crustacean Shellfish, the species must be declared	
Example: cod, salmon, lobster, shrimp	
FALCPA's requirements apply to all packaged foods sold in the United States, including both domestically manufactured and imported foods.	
The following link contains additional information on the Minimum Requirements for Packaged-Food Labeling: https://www.mass.gov/files/documents/2017/05/zx/food-label-guidelines.pdf	

RETAIL RESIDENTIAL KITCHEN CHECKLIST TO REVIEW

- ☐ Food Safety Certification
- ☐ Allergen Awareness Certification
- ☐ List of foods to be served
- ☐ List of ingredients for each food; listed and labeled by weight
- ☐ Separate shelf/location in dry storage areas
- ☐ Separate shelf/location within fridge/freezer
- ☐ Food storage is dry, clean, and sanitary
- ☐ Food contact surfaces smooth, cleanable, and sanitized
- ☐ Appropriate sanitizing methods: Heat (mechanical 180°F/ manual 171° F) Chlorine 50-100ppm; Iodine 12.5-25ppm; Quaternary Ammonium 200ppm or manufacturer's recommendation.
- ☐ Must have appropriate sanitizer test strips and understand how to use/read them
- ☐ Sink/Dishwasher that gets to temperature (180F) or uses sanitizer
- ☐ Thermometers in all fridges/freezers
- ☐ Temperature log (daily) to track fridge/freezer temps
- ☐ Sufficient area for dish washing/draining
- ☐ Pets kept out of preparation and cook areas
- ☐ Garbage receptacles in preparation and cook area have a cover/lid
- ☐ Hot water available for all cleaning and sanitizing methods
- ☐ Bathroom is supplied with a hand sink, hand soap, and paper towels
- ☐ The area is pest proof and pest free

Board of Health Review Approval/Denial

Board of Health Reviewer: _____

Reviewer Signature

Date

Reviewer Title

APPROVAL: _____

DATE: _____

DISAPPROVAL: _____

DATE: _____

REASON FOR DISAPPROVAL:

