

Weymouth Health Department

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2024 APPLICATION TO OPERATE A COTTAGE FOOD (RESIDENTIAL KITCHEN)

Business Name: _____

Address: _____

- New – Never applied for a permit. Complete the all sections of this application.**
- Renewal of an existing permit-Are there any changes in your operation including new food items and/or pets?**
Please note: Renewals are due by 12/15 and permits expire 12/31
- Yes:** I made changes to my operation-Complete all sections of this application.
- No:** I made NO changes to my operation. Complete section A (page 2), sign and provide required documents (page 4), and the “Workers’ Compensation Insurance Affidavit” form.

1. Who would you be selling your product(s) to?

(Skip this section if you are renewing your permit and there are no changes to your operation)

- A)** The end user (a person who will consume the product) such as at a Farmer’s Market or on the Internet.
- B)** To a Food Establishment (an establishment who will sell the product to the end user) such as a Retail Market, Restaurant etc.

If you selected B, the Weymouth Health Department will require you to complete this application and you must obtain a Food Processor License from the State. Wholesale Operations (selling to retail stores, restaurants etc.) require a food processor license obtained from the State of MA Food Protection Program (FPP). Contact the State FPP at 617- 983-6770 or visit: <https://www.mass.gov/guides/starting-a-wholesale-food-business>

Note: The use of brokers, wholesalers and warehouses by cottage kitchen operators to store, sell and distribute foods prepared in cottage (residential) kitchens is **prohibited**. Food products made in cottage kitchens may not be sold-out-of state (FDA does not recognize these foods as originating from an approved source).

2. Will your final food product(s) require refrigeration?

(Skip this section if you are renewing your permit and there are no changes to your operation)

- Yes- If Yes,** your application process **STOPS** here. Only non-TCS (Time / Temperature Control for Safety Food) Foods (foods that do not require refrigeration and / or a variance) shall be prepared in or distributed from a Cottage Food Operation for sale to the public. Non-TCS products include, but are not limited to, Baked Goods such as Cakes, Cookies, Brownies, Candies, Jams & Jellies. Please contact the Department if you have questions or require additional information regarding approved products that can be sold from a Cottage Food Operation.
- No- If No,** continue with the application process below.

A. Business Information

(Both New and Renewal Permit Applicants must complete this section)

Business Name: _____

Address: _____

Contact Name: _____

Email: _____

Contact Phone #: _____

Do you own the property? YES NO

Note: If you are NOT the property owner, a letter from your landlord giving approval for a Cottage Kitchen is required and must be attached to the application.

Note: Only immediate family members residing in the household may prepare food for retail sale in a Cottage Food Operation.

B. Food Information

(Skip this section if you are renewing your permit and there are no changes to your operation)

List the food item(s) that will be produced and distributed in the Cottage Kitchen:

List sources of all ingredients used:

Note: Food ingredients shall be obtained from approved sources (Licensed Wholesale Establishments such as BJ's, Costco, Restaurant Depo, supermarkets, etc.).

Describe where the food and ingredients will be stored:

Note: Ingredients shall be stored separately from "private use" foods.

Will you be making your own frosting? Yes-List ingredients below No-List sources below

Note: If your frosting includes any perishable ingredients (Ex. butter, eggs, cream, or cream cheese), you will be required to have the product reviewed or have it tested to demonstrate that the frosting is non-TCS Food (Time / Temperature Control for Safety Food). Food testing laboratories can test your frosting for pH and water activity. All finished products shall be shelf-stable or non-TCS.

C. Cleaning and Sanitizing

(Skip this section if you are renewing your permit and there are no changes to your operation)

Describe where soiled equipment will be stored prior to washing: _____

How will food-contact surfaces be cleaned and sanitized: _____

What type and brand name of sanitizer will be used?

Chlorine: _____ Quaternary: _____
Brand Name Contact Time Brand Name Contact Time

Note: The sanitizer chemical shall state on the manufacturer’s label that it is approved and / or instructions for use on food contact surfaces. The label will also specify the amount of time (contact time) required to properly sanitize. Be sure to read the sanitizer manufacturer’s label. Sanitizer is NOT a cleaner and shall only be used after proper washing with soap and rinsing with potable water.

A domestic or home-style dishwasher may be used provided the use of a Maximum Registering Thermometer or a Temp Thermolabile to determine the internal temperature is a minimum of 150°F after the final rinse and drying cycle. Records of this testing shall be kept on file for 30 days.

List pets that live and / or visit the household: _____

Describe how pets will be excluded (if applicable): _____

Note: Pets may be present on the premises, but shall be kept out of food preparation and cooking areas during food preparation and service to the public.

To obtain a Cottage Food Operation Permit, submit the following:

- This “APPLICATION TO OPERATE A COTTAGE FOOD (RESIDENTIAL KITCHEN)”
- A copy of a Food Safety Manager Certification. A directory of Massachusetts Food Protection Manager Certification Exam and Trainers can be found at: <https://www.mass.gov/lists/retail-food>
- A copy of Allergy Awareness Certificate. Information can be found at: <https://www.mass.gov/doc/to-obtain-food-allergen-awareness-training-with-certificate-0/download>

- Submit copy of all food label(s).

- A check made payable to the Town of Weymouth for \$15.00
Credit cards are not accepted at this time. **All Fees are NON-REFUNDABLE.**
- Completed “Workers’ Compensation Insurance Affidavit” If applicable a copy of the workers’ compensation policy declaration page (showing the policy number and expiration date).

- Other items as required or requested by the Weymouth Health Department

Note: Production of food cannot take place until all of the above has been submitted, approved and the kitchen has been inspected by Weymouth Health Department.

Statement: I, _____ hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from the Weymouth Health Department may nullify the final approval. I agree to conform to Employee Hygiene and Health requirements (use the “Food Employee Reporting Agreement” on page 4 as a guide). 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).

Signature: _____

Date: _____