

## TOWN OF PRINCETON

6 TOWN HALL DRIVE PRINCETON, MASSACHUSETTS 01541 (978) 464-2104 - FAX (978) 464-2106

## **BOARD OF HEALTH**

PAYMENT IS DUE WITH APPLICATION FEE: \$ 100.00

RK-25-	
DAID	

## APPLICATION FOR PERMIT TO OPERATE A RESIDENTIAL KITCHEN

PLEASE FILL OUT APPLICATION COMPLE	TELY:
BUSINESS NAME:	
NAME:	
ADDRESS:	
BUSINESS PHONE:	CELL PHONE:
MAILING ADDRESS (if different)	
CITY: ST	TATE: ZIP:
EMAIL:	
	and SERV SAFE certificates. IR 500.000 Minimum Sanitation Standards for Food IR 520.000 Massachusetts Labeling Regulations
	rtify under the penalties of perjury that I, to my best ax returns and paid all state taxes required under law.

Date

Please List the Products you intend to prepare with a list of the ingredients.		
Name of Product:		
Ingredients:		
Name of Product:		
Ingredients:		
Name of Duadoust.		
Name of Product:		
Ingredients:		
Name of Product:		
Ingredients:		
Name of Product:		
Ingredients:		