



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- _____

PAID: _____

APPLICATION FOR PERMIT TO OPERATE A RESIDENTIAL KITCHEN

PLEASE FILL OUT APPLICATION COMPLETELY:

BUSINESS NAME: _____

NAME: _____

ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

MAILING ADDRESS (if different) _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

Attach copy of ALLERGY AWARENESS and SERV SAFE certificates.

I HAVE READ/UNDERSTAND 105. CMR 500.000 *Minimum Sanitation Standards for Food Establishments, Chapter X* and 105 CMR 520.000 *Massachusetts Labeling Regulations*

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.

Social Security # or Federal I.D.

Signature of Applicant

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 Product:

Ingredients:

Name of Product:

Ingredients:

Name of Product:

Ingredients: