



HEALTH DEPARTMENT
9 School St. - Amesbury, MA 01913
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www.amesburyma.gov

John W. Morris, Health Director

Donna Lickteig, Adm. Asst.

RESIDENTIAL KITCHEN FOOD SERVICE PLAN REVIEW

30 Day Review Period, and 30 day review for each revision.

Review fee due: \$100.00

A PERMIT FEE IS APPLIED WHEN PERMIT APPROVAL IS GIVEN. PERMITS MUST BE RENEWED YEARLY.

Requirements of other City departments:

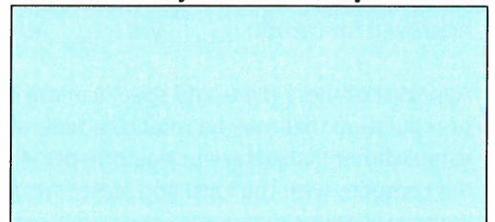
(An operating permit will not be released until these departments have given approval.)

1. **Zoning Board / Planning Board**
(Copy of acceptance for new business if applicable.)
2. **City Clerk**
(Common Victualer's License.)
3. **Fire Department**
(Sprinkler permit / check if required.)
4. **Inspections Department**
(Permits, if required, for any building renovation, plumbing/gas or electrical work performed.)

ESTABLISHMENT INFORMATION

1. Name of Owner/Applicant: _____
2. Address of Owner/Applicant: _____
3. Tel.: _____ Cell: _____ Email: _____
4. Establishment Name: _____

Received by Health Department



Residential Kitchens are only allowed to produce baked goods which are potentially non-hazardous. Products which require refrigeration, or hot holding temperatures, are not allowed.

Please provide the following with this application:

1. Floor plan of your operation and all equipment, storage areas, etc.
2. Menu of products to be produced.
3. Copy of labels for food products.
4. Copy of Allergen Awareness Training Certificate.
5. Copy of Certified Food Protection Manager Certificate.

Please check the required document list and make sure all information is included. Any missed information required will result in an inadequate plan submittal and will be sent back delaying the review process / business opening and will result in an additional \$50. fee assessed.

This statement must be read, signed and acknowledged.

Print Name: _____ **Signature:** _____ **Date:** _____

Review Comments:

Health Agent Signature: _____ Date: _____

Pre-Opening Walk-thru Comments

Health Agent Signature: _____ Date: _____

Approved for Permit: yes no Date: _____

Approval of these plans and specifications by this Health Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required; federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment will be necessary to determine if it complies with the local and state laws governing food service establishments.