

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

COTTAGE FOOD (RESIDENTIAL KITCHEN) **APPLICATION PROCESS LETTER**

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned. Your application must include the following documentation:

- Completed Signed Application. *** The Application must be typed and printed. Please **do not** hand-write applications. ***
- Certifications: (You must supply your own copies of certificates with your application)
 - Food Protection Manager Certificates - Food Handler Certificates* do not meet the state requirements.
 - Allergen Awareness Certificates*
- Additional Information Required:
 - Submit a copy of all food labels
 - A menu / list of all items being produced and distributed in the Cottage Kitchen
- Workers' Compensation Insurance Information:
 - Completed Workers' Compensation Affidavit
 - Workers' Compensation declaration page (if you have employees)
- Fee:
 - Checks (made payable to Town of Weymouth) or Cash

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

Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O
Mayor
Robert L. Hedlund



Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

2024 APPLICATION TO OPERATE A COTTAGE FOOD (RESIDENTIAL KITCHEN)

Business Name: _____

Address: _____

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).

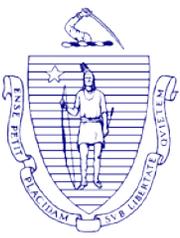
- Other items as required or requested by the Weymouth Health Department

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: _____



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am a employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (check one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board
- 5. Selectmen's Office 6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia