



TEL: 508-949-8017

FAX: 508-949-8031

FEE: \$75.00

TOWN OF DUDLEY- BOARD OF HEALTH
71 West Main Street
Dudley, MA 01571

PERMIT TO OPERATE A RESIDENTIAL KITCHEN

Name of Business: _____

Address: _____

TEL: _____ EMAIL: _____

Name & Title of Applicant: _____

List the types of foods to be made: _____

Provide a list of food suppliers (where food is purchased): _____

Do you sell your products to other food establishments? YES NO

Do you sell your products directly to the consumer? YES NO

Do you have a Wholesale Permit from Mass. Dept. of Public Health? YES NO

*** If yes, provide copy of your permit from the state***

All foods prepared in a residential kitchen must be labeled with all ingredients (in order of amount of volume), name of residential kitchen, address and/or phone number, and sell-by-date, if required. ***Provide copies of labels for all products.

Food products manufactured in Massachusetts's residential kitchens may not be sold out of state.

Signature of Applicant: _____ Date: _____

Approved by: _____ DATE: _____