



Creative Chef Kitchen Process Review

Date Rec'd: _____

Town of Derry, NH
Public Health Department
14 Manning Street
Derry, NH 03038
603-845-5520
www.derrynh.org

Please expect a minimum of 30 days to review application materials; 60 days for specialized processes/variances. Completed paperwork will only be accepted in printed form. Process reviews shall be submitted via USPS or dropped off at: Town of Derry, NH 14 Manning Street Derry, NH 03038 Attention: Dept. of Public Health. (Emailed copies will not be accepted).

Business Name: _____

REQUIRED PAPERWORK

1. Business Legal Filings with State of NH. i.e. LLC, Corporation, etc.
2. A complete list of each product(s) produced including ingredients and recipes.
3. Anticipated # of units produced: per week _____ per month _____
4. Type of Business: Retail/Internet _____ Wholesale/Distributor _____
Direct to Customer/Caterer/Home Delivery _____ Food Processor _____
5. Describe Flow of Food to include: Purchasing & Receiving, Storage, Preparation (includes defrosting), Cooking, Cooling, Hot and Cold Holding, Reheating, Serving.
6. Source of food/ingredients purchased.
7. Finished labeling for each product, guidelines found at State of NH He-P 2309.04.
8. Recall and batch record documentation logs templates.
9. List of equipment utilized in the kitchen, including personal equipment used. (Reminder all personally owned food-contact equipment is required to be stored at the kitchen)
10. Specific details for packaging for each product produced.
11. Provide details of storage agreement for food and equipment.
12. Specialized processors shall provide a Process Review and HACCP plan for each item prior to licensing.
13. FDA Registration required for The Public Health Security and Bioterrorism Preparedness and Response Act of 2002. Special instructions from CCK owner.
14. Employees of operator are required to agree and sign Employee Reporting regulations per State of NH He-P 2307.02.
15. Certified Food Protection Manager (CFPM) Y _____ N _____ (must obtain within 3 mo.)
16. Product distribution/locations to include: 1) Business Name, Location address, Primary Contact with phone number for each location you are doing business with 2) If there is a variance, or exemption to the regulation by USDA, FDA, State of NH or local codes, a signed (by both parties) letter of agreement is required prior to licensing 3) As additional locations are added or deleted, the Health Dept. must be notified prior to renewal.

OPERATOR RESPONSIBILITIES

1. All food and ingredients, personal food-contact equipment and open boxes of packaging are required to be stored at the incubator kitchen facility.
2. At no time can ingredients or food items be stored or prepared in the home or alternative location.
3. All sanitation done at the kitchen is operator's responsibility. (Ex. if the dispenser runs out of chemical, you are responsible to find an alternative solution – 5.25% chlorine bleach (1 TB per gallon) or heat sanitizing (soak equipment in 180-degree water for 30 seconds or Quaternary ammonium tabs).
4. Updated list of food products shall be provided to department whenever new products are added.
5. Maintain production records and distribution records of all products produced.
6. If processing acidified foods, comply with applicable federal regulations under Code of Federal Regulations in 21 CFR 114 and 21 CFR 117.
7. If thermally processing and packaging low-acid foods in hermetically sealed containers, comply with applicable federal regulations under the Code of Federal Regulations in 21 CFR 113 and 21 CFR 117.
8. Licensing is granted once all information has been submitted, reviewed, and approved by Town of Derry Department of Health. Upon licensing, is a 3-month provisional period, followed by a 9-month regular license. Email prompt for the annual renewal will be received and can be done on-line.

Operator Information

Business Name: _____

Owner name: _____

Owner Address: _____

Phone: _____

Email: _____

I have read through and understand the information presented above:

Print Name: _____ Date: _____

Owner Signature: _____