APPLICATION FOR MOBILE FOOD SERVICE PERMIT

PART I - TO BE FILLED IN BY APPLICANT

Applicant: (check one)  □ New  □ Renewal  Date: __________

Type of Mobile Food Service:
□ Mobile Food Truck (potentially hazardous foods)
□ Ice Cream Truck
□ Pushcart (limited to non-potentially hazardous foods)

Business Name: ____________________________________________
Owner Name: ____________________________  Email Address: ____________________________
Mailing Address: ____________________________________________  Phone: __________
__________________________________________  24 Hour Emergency: ______

Certified Food Manager(s) (attach copy):

__________________________________________  __________________________________________
Allergen Awareness Certification (attach copy):

__________________________________________  __________________________________________

List fixed or stationary location(s) where food will be sold:

__________________________________________  __________________________________________
__________________________________________  __________________________________________

Has your menu changed from last year? □ Yes  □ No
If yes please attach copy of menu or provide description of food to be prepared and sold:

__________________________________________  __________________________________________

October 2016
BASE OF OPERATION: (All Mobile Food Vendors must operate out of a fixed Licensed Establishment)
Name: ___________________________ Telephone: ___________________________
Address: ___________________________ Owner/Manager: ___________________________
Type of Establishment: ___________________________

WATER SYSTEM/WASTE RETENTION:
_____ Site has potable water hookup
_____ Potable water supply tank on unit. Capacity _____ gal.
Capacity of waste retention tank _____ gal (should be greater than supply)
How and where will the liquid waste water be disposed of?

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the mobile vending truck or pushcart as specified under § 8-402.11. I affirm that the mobile food service operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant: ___________________________ Date: ___________________________
Social Security Number or Federal ID: ___________________________

*****PLEASE SEE APPENDIX A FOR ADDITIONAL REQUIRED DOCUMENTS**********

FOR HEALTH DEPARTMENT USE ONLY

☐ Food Manager Certification  ☐ Allergen Awareness Certification  ☐ Choke Saver Training  ☐
☐ Copy of Commissary Agreement  ☐ Copy of the valid Food Service Permit for the Base of Operations  ☐ Copy of the most recent inspection report for the Base of Operations
Comments: ________________________________________________________________

Application Approved ________ Denied ________

__________________________________________
Signature of Health Agent  Date

October 2016
TOWN OF TRURO
P.O. Box 2030, Truro, MA 02666
BOARD OF HEALTH
Tel: 508-349-7004, Extension: 32 or 31 Fax: 508-349-5508

APPENDIX A – Additional Applications & Documentation
For Mobile Food Vendors

☐ SMOKE DETECTOR/FIRE PROTECTION CERTIFICATION

☐ COPY OF INSPECTION OF COMMERCIAL HOOD/VENTILATION SYSTEM REPORT (IF APPLICABLE)

☐ IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance

☐ IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

☐ COPY OF VALID FOOD SERVICE PERMIT FOR BASE OF OPERATIONS (IF LOCATED OUTSIDE TRURO)

☐ COPY OF MOST RECENT FOOD SERVICE INSPECTION REPORT FOR BASE OF OPERATIONS (IF LOCATED OUTSIDE TRURO)

☐ COPY OF THE COMMISSARY AGREEMENT (BASE OF OPERATIONS)

☐ COMPLETE CORI FORM AND PERMIT TO ENGAGE IN ICE CREAM VENDING MGL 270 §25 (ICE CREAM TRUCKS ONLY)

☐ COPY OF STATE HAWKER PEDDLER LICENSE

☐ PLEASE SEE ADMINISTRATION OFFICE FOR APPROVAL OF LOCAL HAWKER PEDDLER

Complete the attached mobile food service application and the supporting documents and mail or submit them with the appropriate fees to:
TOWN OF TRURO
Health Department
PO Box 2030, Truro, MA 02666