

**Board of Health**

TOWN HALL • 19 WASHINGTON ST. • SHERBORN, MASSACHUSETTS 01770
508-651-7852

Application for a Permit to Operate a Mobile Food Establishment

Date: _____

For Office Use Only:

Permit Fee: _____

Received: _____

Permit Number: _____

Business Information:

Name of Mobile Food Establishment: _____

Base of Operations Name: _____

Base of Operations Address: _____

Primary Telephone: _____

Owner Information:

Establishment Owned By: An Association; An Individual; A Partnership *; A Corporation *; Other Legal Entity _____

Owner(s) of Establishment: _____

Primary Telephone: _____

Email Address: _____

Mailing Address: _____

Emergency Contact Name: _____ Telephone: _____

Emergency Contact Email Address: _____

* If this is a corporation or a partnership, give the name, title, and home address of the office or partners:

Name	Title	Address

Mechanical Refrigeration? Yes ; No

Handwashing sink on mobile unit? Yes ; No (If no, please attach a detailed description with the hand washing set-up for your mobile food establishment.)

If the mobile food establishment is a vehicle:

Make & year of vehicle: _____ Plate Number: _____ State of Registration: _____



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Permit Information

Select all that apply to your business:

Canteen Truck ; Mobile Kitchen ; Pushcart ; Other: _____

Location in Sherborn Intending to Operate:

Date & Time

Please check all that apply to your mobile food operations:

Retail sale of commercially pre-packaged foods (i.e. bottled soda, candy, chips, packaged ice cream products, etc.) ; Preparation and retail sale of non-time/temperature-controlled foods (i.e. coffee, hot dogs, etc.) ;
 Preparation and retail sale of time/temperature-controlled foods (i.e. sandwiches, cooked rice, salads, hamburgers, etc.)

Site Supervisor Contact Information

Name: _____ **Title:** _____

Email Address: _____ **Telephone:** _____

Certified Food Protection Manager? Yes ; No **Certification Number:** _____

Individual present with Allergen Awareness Training? Yes ; No

Before submitting your application, please ensure the following materials have been submitted:

- A complete menu or product listing
- A copy of the certificates for each of the following:
 - Certified Food Manager
 - Allergen Awareness
- A copy of your liability insurance policy
- Permit Fee as outlined in the Sherborn Food Permit Fee Schedule
- Verification letter from licensed commissary or establishment
- Copy of Hawkers and Peddlers License
- A detailed description with the hand washing set-up for your mobile food establishment if applicable

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Do you carry propane? Yes ; No

If yes, please note the Sherborn Fire Department is required to conduct an inspection and issue a permit.
This is associated with a \$60.00 that must be paid via check to the Town of Sherborn.

For any questions pertaining to this, please contact the Sherborn Fire Department at 508-653-3270.

Pursuant to MGL 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 state taxes required under law.

Signature of Applicant: _____

I have reviewed the Mobile Food Permit Requirements, 105 CMR 590.009: Special Requirements as outlined below and agree to comply with these requirements.

Signature of Applicant: _____