

**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: _____