



## TYNGSBOROUGH BOARD OF HEALTH

25 Bryants Lane  
Tyngsborough, MA 01879  
978-649-2300 x 118  
978-649-2301 (FAX)

### MOBILE FOOD PERMIT APPLICATION

Vehicle/Pushcart Name \_\_\_\_\_

Owner Name \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Owner Address \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

#### **MOBILE VEHICLE INFORMATION:**

Make, Model & Year of Vehicle \_\_\_\_\_

State of Registration \_\_\_\_\_ Registration/Plate # \_\_\_\_\_ State Hawkers License # \_\_\_\_\_

**BASE OF OPERATION INFORMATION:** All mobile food operations shall operate from a fixed, licensed food establishment or food processing plant (Base of Operation) and shall report at least daily to such locations for all food, water and supplies and for all cleaning and servicing operations.

Establishment: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**CERTIFIED FOOD PROTECTION MANAGER:** Post certificate on site \_\_\_\_\_

Location of offsite restroom facilities \_\_\_\_\_

Time and location where food is sold \_\_\_\_\_

**Menu:** \_\_\_\_\_

#### **PERMITS**

- ☐ Mobile Food
- ☐ Milk, Cream, Ice Cream
- ☐ Tobacco
- ☐ Frozen Desserts

#### **FEE**

\$100.00  
\$ 10.00  
\$100.00  
\$100.00

**Total Payment Due With Application: \$ \_\_\_\_\_ (Please make check or money order payable to Town of Tyngsborough)**

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food operation will comply with 105 CMR 590.000 and all other applicable laws. I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law pursuant to MGL Ch. 62C, sec. 49A.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Social Security # or F. I.D. # \_\_\_\_\_

**\*PLEASE REMEMBER TO INCLUDE PROOF OF WORKER'S COMPENSATION INSURANCE.**