



THOMAS M. MENINO
Mayor

BOSTON INSPECTIONAL SERVICES DEPARTMENT

DIVISION OF HEALTH PROCEDURES FOR OBTAINING A MOBILE PERMIT (PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)

In order to obtain a Health Permit from the Inspectional Services Department for Mobile Food Vehicles and Pushcarts the following documents must be submitted prior to the inspection. Inspections CAN NOT be performed if all information is not complete.

If you are vending in the City of Boston you must go to Police Headquarters, 199 Columbus Ave, Boston 617-343-4425 to find out where you can vend. SOME AREAS ARE RESTRICTED.

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Pl 11th floor, Boston 617-727-3480

If you are vending on a public sidewalk, you must obtain a permit from the Department of Public Works, Anne McNeil, Rm. 714, City Hall 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Building Department, 1010 Mass. Ave, 5th Fl 617-635-5312.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl, 617-635-4505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas Coffill at 617-961-3219.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit.

If you sell potentially hazardous foods, you are required to have a full time certified food protection manager on cart. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are done at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Call to make sure there is someone available to do inspection 617-635-5326. Mobile Food permits fees are \$100 for unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine the fee for that is \$100. You will also be required to have a lab that will test you machines once a month and submit those reports to the Health Division.

No application will be excepted if the Tax ID # is blank.

You must contact the Boston Fire Department, Special Hazards Division, 1010 Mass. Ave. 617-343-3447, Ask to speak with Lt. David Connell or Lt. Michael Kenney to see if a fire inspection and/or permit is needed.

1010 MASSACHUSETTS AVENUE, BOSTON, MA 02118 • 617-635-5300



BOSTON INSPECTIONAL SERVICES DEPARTMENT

DIVISION OF HEALTH INSPECTIONS

1010 MASSACHUSETTS AVE.

BOSTON, MA 02118

Tel (617) 635-5326 Fax (617) 635-5388

FOR BOARD OF HEALTH USE ONLY

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fee</u>
_____	_____	_____	_____	_____

Food Establishment Permit Application

1) Establishment Name:	
2) Establishment Address:	
3) Establishment Mailing Address (if different):	
4) Establishment Telephone No:	
5) Applicant Name and Title:	
6) Applicant Address:	
7) Applicant Telephone No:	
8) Owner Name and Title (if different from applicant):	
9) Owner Address (if different from applicant):	
10) Establishment Owned By: <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other Legal entity _____	11) If a corporation or partnership, give name, title and home address of officers or partners: <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____
Emergency Telephone No:	_____
13) District Or Regional Supervisor (if applicable)	
Name & Title :	_____
Address:	_____
Telephone No:	Fax: _____

ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:

CANTEEN TRUCK MOBILE KITCHEN PUSHCART ICE CREAM TRUCK OTHER

SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK
MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)

NAME OF VEHICLE/PUSHCART _____
BASE OF OPERATION _____
STREET CITY STATE & ZIP _____

VERIFICATION LETTER FROM LICENSED COMMISSARY OR ESTABLISHMENT YES _____ NO _____

LOCATION IN THE CITY (BE SPECIFIC)

STREET NAMES & SECTION OF THE CITY

DAYS AND TIMES

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HANDWASHING SINK ON MOBILE UNIT Y/N
TOILET FACILITIES ARE AVAILABLE AT _____

FOOD PRODUCTS TO BE SOLD SOURCE OF FOOD PRODUCTS

HOT FOOD ITEMS (Be Specific)

COLD FOOD ITEMS (Be Specific)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MECHANICAL REFRIGERATION Y/N

MAKE & YEAR OF VEHICLE _____
STATE OF REGISTRATION _____
REGISTRATION # _____

IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:

WHERE IS THE MIX PURCHASED FROM/NAME OF COMPANY _____

IS THE MIX PASTEURIZED? YES _____ NO _____ NUMBER OF REFRIGERATORS/FREEZERS _____

ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? Y/N



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

<p>Are you an employer? Check the appropriate box:</p> <p>1. <input type="checkbox"/> I am an employer with _____ employees (full and/ or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]</p> <p>3. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**</p> <p>4. <input type="checkbox"/> We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]</p>	<p>Business Type (required):</p> <p>5. <input type="checkbox"/> Retail</p> <p>6. <input type="checkbox"/> Restaurant/Bar/Eating Establishment</p> <p>7. <input type="checkbox"/> Office and/or Sales (incl. real estate, auto, etc.)</p> <p>8. <input type="checkbox"/> Non-profit</p> <p>9. <input type="checkbox"/> Entertainment</p> <p>10. <input type="checkbox"/> Manufacturing</p> <p>11. <input type="checkbox"/> Health Care</p> <p>12. <input type="checkbox"/> Other _____</p>
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*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

<p><i>Official use only. Do not write in this area, to be completed by city or town official.</i></p>	
City or Town: _____	Permit/License # _____
<p>Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other _____</p>	
Contact Person: _____	Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia



**BOSTON INSPECTIONAL SERVICES DEPARTMENT
DIVISION OF HEALTH INSPECTIONS
1010 MASSACHUSETTS AVENUE
BOSTON, MA. 02118
TEL. (617) 635-5326 FAX. (617) 635-5388**

MOBILE FOOD ESTABLISHMENT PLAN REVIEW (105 CMR 590.011)

NAME OF ESTABLISHMENT _____ LOCATION _____

BASE OF OPERATION _____
(ESTABLISHMENT) (ADDRESS)

MOBILE KITCHEN _____ CANTEEN TRUCK _____ ICE CREAM TRUCK _____ TRAILER _____ PUSH CART _____ OTHER _____

BUSINESS OWNER _____ HOME ADDRESS _____

NEW _____ REMODELED _____ TEL. NO. _____

BREAKFAST _____ LUNCH _____ DINNER _____ EST. MEALS _____ DAYS & HOURS OF OPERATION _____

CONSTRUCTION START DATE _____ BUSINESS OPENING DATE _____

PERMIT ISSUES

STATE SANITARY CODE (105 CMR 590.) PROVIDED YES _____ NO _____ PENDING _____

CERTIFIED FOOD MANAGER REQUIRED (590.003 B) YES _____ NO _____

ZONING/OCCUPANCY APPROVAL (BUILDING DEPT.) YES _____ NO _____ N/A _____

FIRE DEPT. APPROVAL YES _____ NO _____ N/A _____

HAWKERS & PEDDLERS LICENSE YES _____ NO _____ N/A _____

PUBLIC WORKS APPROVAL YES _____ NO _____ N/A _____

DIVISION OF MARINE FISHERIES APPROVAL YES _____ NO _____ N/A _____

MENU PROVIDED FC 8-201.12 YES _____ NO _____ N/A _____

CONSUMER ADVISORIES DEVELOPED FC 3-603.11 (FOR RAW AND UNDERCOOKED FOOD) YES _____ NO _____ N/A _____

COOK & SERVE _____ COOK & HOT HOLD _____ COOK, HOT HOLD, COOL, REHEAT _____ N/A _____

PHYSICAL FACILITIES

NAME, ADDRESS, PHONE # ON MOBILE UNIT (MIN. 3" LETTERING) YES _____ NO _____

WINDOWS & DOORS SCREENED FC 6-202.15 YES _____ NO _____ N/A _____

SNEEZE GUARDS AND OVERHEAD PROTECTION PROVIDED YES _____ NO _____ N/A _____

TYPE OF FINISH FLOOR MATERIAL FOOD PREP. AREA FC 6-201.11 QUARRY TILE _____ CERAMIC TILE _____ VCT TILE _____ OTHER _____

TYPE OF FINISH WALL MATERIAL FOOD PREP. AREA FC 6-201.11 STAINLESS STEEL _____ CERAMIC TILE _____ FRP _____ SHEETROCK _____

TYPE OF FINISH CEILING MATERIAL FOOD PREP. AREA FC 6-201. SHEETROCK _____ VINYL FACED _____ FRP _____ METAL _____

LIGHT FIXTURES SHIELDED FOOD PREP. AREA FC 6-202.11 YES _____ NO _____ N/A _____

EMPLOYEE TOILET FACILITIES PROVIDED FC 5-203.11 YES _____ NO _____ LOCATION _____

EXHAUST AND VENT SYSTEM APPROVED FC 6-304.11 & (FIRE DEPT.) YES _____ NO _____ N/A _____

TYPE OF RUBBISH AND GREASE CONTAINER(S) FC 5-501.13-.17 COMPACTER _____ DUMPSTER _____ VERMIN PROOF BARRELS _____

TYPE OF SURFACE LOCATED ON FC 5-501.115 CONCRETE _____ ASPHALT _____ OTHER _____

PLUMBING, HAND, WAREWASH AND WATER FACILITIES

SEPARATE HAND WASH SINK PROVIDED FC 5-203.11 YES ___ NO ___ N/A ___

COMBINATION FAUCET/MIXING VALVE (MIN 110°F) YES ___ NO ___

SIZE OF HOLDING TANK FOR POTABLE WATER _____

TANK MADE OF SAFE/FOOD GRADE MATERIALS YES ___ NO ___

SIZE OF WASTE HOLDING TANK _____

DRAIN PROVIDED FOR WASTE TANK YES ___ NO ___

FOOD PREP SINK PROVIDED FC 3-302.15 YES ___ NO ___ N/A ___

POT SINK PROVIDED WITH DRAIN BOARDS FC 4-301.12
(THREE (3) COMPARTMENTS REQUIRED) YES ___ NO ___ N/A ___

KITCHEN FACILITIES/EQUIPMENT

NATIONAL SANITATION FOUNDATION APPROVED FC 4-205.10 &
FC 201 YES ___ NO ___

INSULATED CONTAINERS PROVIDED YES ___ NO ___ N/A ___
(MECHANICAL REFRIGERATOR REQUIRED BY JULY 1 2005 FOR RTE FOODS)

REFRIGERATOR UNIT PROVIDED
VOLUME REQUIRED= # OF MEALS x .085 FC4-301.11 _____ N/A ___
TOTAL (FT³) (HOW MANY)

41° F FOR NEW EQUIPMENT FC 3-501.16 YES ___ NO ___ N/A ___

FREEZER UNIT PROVIDED _____ N/A ___
TOTAL (FT³) (HOW MANY)

TYPE OF COOKING EQUIPMENT PROVIDED FC 4-301.11
STOVE _____ CONVECTION OVEN _____
GRILL _____ MICROWAVE OVEN _____
FRYER _____ PIZZA OVEN _____
BROILER _____ ROTISSERIE _____
RICE COOKER _____ STEAM KETTLES _____
OTHER _____

STEAM TABLE(S) PROVIDED FC 4-301.11 YES ___ NO ___ HOW MANY ___ N/A ___
HOT FOODS _____

OTHER HOT HOLDING EQUIPMENT PROVIDED _____
(TYPE) (HOW MANY)

STATEMENT: I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND UNDERSTAND THAT IF ANY CHANGES ARE MADE TO THE PLANS OR THE ABOVE INFORMATION WITHOUT PERMISSION FROM THE DIVISION OF HEALTH INSPECTIONS MAY NULLIFY THIS APPROVAL.

SIGNATURE: _____ TITLE: _____

FOOD ESTABLISHMENT PLAN REVIEW

PRELIMINARY REVIEW BY _____ DATE _____
TITLE _____

FINAL APPROVAL BY _____ DATE _____
TITLE _____