BOSTON INSPECTIONAL SERVICES DEPARTMENT
1010 MASSACHUSETTS AVENUE
BOSTON, MA. 02118
(617) 635-5326

APPLICATION FOR A PERMIT TO OPERATE A MOBILE FOOD VEHICLE OR PUSHCART
ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS
VEHICLE (S) #___ PUSHCART (S) #___

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_____

NAME OF OWNER _____

HOME ADDRESS _____
STREET CITY STATE & ZIP

BUSINESS PHONE NUMBER_____ HOME PHONE NUMBER _____

SIGNATURE OF OWNER _____ SSI# OR FEDERAL I. D. _____

EMERGENCY RESPONSE PERSON _____ PHONE # _____

LOCATION IN THE CITY (BE SPECIFIC)

STREET NAMES & SECTION OF THE CITY **DAYS AND TIMES**

_____
_____
_____
_____

HANDWASHING AND TOILET FACILITIES ARE AVAILABLE AT _____

FOOD PRODUCTS TO BE SOLD **SOURCE OF FOOD PRODUCTS**

_____ _____
_____ _____
_____ _____
_____ _____

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

IF YOU ARE A CORPORATION OR PARTNERSHIP, PLEASE COMPLETE THE FOLLOWING:

NAME & TITLE _____

HOME ADDRESS _____

NAME & TITLE _____

HOME ADDRESS _____

DAYS AND HOURS OF OPERATION _____

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

WHOM 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? YES___NO___

HEALTH DIVISION PROCEDURE FOR OBTAINING A MOBILE FOOD PERMIT

IN ORDER TO OBTAIN A HEALTH PERMIT FROM BOSTON INSPECTIONAL SERVICES DEPARTMENT, DIVISION OF HEALTH INSPECTIONS FOR MOBILE FOOD VEHICLES AND PUSHCARTS, THE FOLLOWING PROCEDURES MUST BE SUBMITTED PRIOR TO THE INSPECTION. INSPECTIONS CANNOT BE PERFORMED IF THE INFORMATION IS NOT COMPLETE.

IF YOU ARE VENDING ON A PUBLIC STREET, YOU MUST GO TO BOSTON POLICE HEADQUARTERS (617-343-4425) TO FIND OUT WHERE YOU CAN VEND IN BOSTON. **SOME BOSTON AREAS ARE RESTRICTED.**

IF YOU ARE NOT AT A PERMANENT LOCATION, YOU MUST OBTAIN A HAWKERS AND PEDDLARS LICENSE FROM THE DIVISION OF STANDARDS, ONE ASHBURTON PLACE, 11TH FLOOR, BOSTON MA. (617) 727-3480.

IF YOU ARE VENDING ON A PUBLIC SIDEWALK OR PROPERTY, YOU MUST OBTAIN A PERMIT FROM THE DEPARTMENT OF PUBLIC WORKS, ROOM 714, CITY HALL, BOSTON, MA (617) 635-4911.

IF YOU ARE VENDING ON PRIVATE PROPERTY, YOU MUST OBTAIN A USE OF PREMISES PERMIT FROM BOSTON INSPECTIONAL SERVICES DEPARTMENT, BUILDING DIVISION, 1010 MASSACHUSETTS AVENUE, BOSTON, MA (617) 635-5300.

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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 OF UNITS AND EQUIPMENT. YOU MUST PROVIDE A LETTER ON THEIR LETTERHEAD STATING THAT YOU HAVE PERMISION TO PERFORM THESE DUTIES FROM THEIR ESTABLISHMENT ALONG WITH A CURRENT COPY OF THEIR PERMIT.

YOU MUST COMPLETE A DIVISION OF HEALTH INSPECTIONS APPLICATION AND PROVIDE PROPER DOCUMENTS AND LICENSES, WHICH CAN BE DONE AT THE TIME OF YOUR INSPECTION. PLEASE CALL TO MAKE AN APPOINTMENT. INSPECTIONS ARE NORMALLY PERFORMED BETWEEN 8 AM AND 9 AM – MONDAY THROUGH FRIDAY. WE ARE LOCATED AT 1010 MASSACHUSETTS AVENUE, 4TH FLOOR, BOSTON, MA (617) 635-5326. MOBILE FOOD PERMIT FEES ARE $100 AND $30 EACH, IF YOU SELL MILK AND/OR ICE CREAM. THERE IS A $100 MANUFACTURING FEE IF THE PRODUCT IS FROM A SOFT SERVE MACHINE.

IF YOU SELL POTENTIALLY HAZARDOUS FOODS, YOU ARE REQUIRED TO BE A CERTIFIED FOOD MANAGER. YOU MUST SUBMIT PROOF OF CERTIFICATION OR CURRENT ENROLLMENT IN AN APPROVED FOOD CERTIFICATION COURSE.

IF YOU ARE USING AN OPEN FLAME OR PROPANE, YOU ARE REQUIRED TO OBTAIN A PERMIT FROM THE BOSTON FIRE DEPARTMENT, 115 SOUTHAMPTON STREET, BOSTON, MA (617) 343-3446. YOU MUST OBTAIN HEALTH DIVISION APPROVAL PRIOR TO APPLYING FOR A BOSTON FIRE PERMIT.