



THOMAS M. MENINO
Mayor

BOSTON INSPECTIONAL SERVICES DEPARTMENT

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

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections **CANNOT** be performed if information is incomplete and not submitted prior to inspection.

If you are vending in the City of Boston you may have to go to Police Headquarters, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

If you are a mobile food walk on truck you are required to contact Edith Murane Boston City Hall, 1 City Hall Plaza, Rm. 603, Boston, MA, 02201. 617- 635-1456

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

If you are vending on a public property, you must obtain a permit from the Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118. 617-635-5300.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 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 on site certified food protection manager assigned to the mobile food operation. 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 performed at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Mobile Food permits fees are \$100 per unit and \$30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is \$100. You are also be required to have a lab that will test your machines once a month and submit those reports to the Health Division. **No application will be excepted if the Tax ID # is blank.**

If you are using propane, generators or open flame you are required to contact Boston Fire Department, 1010 Mass. Ave. Boston, MA 02118. Ask to speak with Lt. David Connell or Lt. Michael Kenney, Special Hazards Division, 617-343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact Ross Josie, Fire Marshal's Office at 617-343-2019.

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