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, 1City 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. Martin Fernandes 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
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:

- [ ] An association
- [ ] A corporation
- [ ] An individual
- [ ] A partnership
- [ ] Other Legal entity

11) If a corporation or partnership, give name, title and home address of officers or partners:

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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:    

14) Source of Water

Sewage Disposal

15) Rubbish Disposal Co.

Rendering Co. (For Grease)

16) Days and Hours of Operation:

17) No. of Food Employees

18) Name of Person In Charge Certified in Food Protection Management:

Required as of 10/1/2001 in accordance with 105 CMR 590.003(4). Please attach copy of certific.

19) Person Trained In Anti-Choking Procedures (if 25 seats or more): Yes No

20) Location:

(check one)

- Permanent Structure
- Mobile

Reg #: ____________________________

Base of Operation:

21) Establishment Type (check all that apply)

- Retail
- Food Service (Seats)
- Food Service-Takeout
- Food Service-Institution (Meals/Day)
- Residential Kitchen for Retail Sale
- Residential Kitchen for Bed and Breakfast Home
- Residential Kitchen for Bed and Breakfast Estab.
- Frozen Dessert Manufacturer

Other (Describe):

22) Length of Permit:

(check one)

- Annual
- Seasonal/Dates
- Temporary/Dates/Time

23) Food Operations:

(check all that apply)

Definitions: PHF—potentially hazardous food (time/temperatures controls required)

Non-PHF’s—non-potentially hazardous food (no time/temperature controls required)

RTE—ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing)

- Commercially Pre-Packaged Non-PHFs
- Commercially Pre-Packaged PHFs
- Preparation of Non-PHFs
- Reheats Commercially Processed Food for service within 4 hours
- Customer Self-Service Of Non-PHF and Non-Perishable Foods Only
- Delivers Food Within 1 Hour of Preparation

Other (Describe):

24) Signature of Applicant:

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.

25) Federal ID:

26) Signature of Individual or Corporate Name:
ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:

CANNON 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 NUMEROF 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 #:__________________________________________________________________________

Are you an employer? Check the appropriate box:

1. □ I am an employer with ________ employees (full and/or part-time).*
2. □ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers’ comp. insurance required]
3. □ 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]**
4. □ We are a non-profit organization, staffed by volunteers, with no employees. [No workers’ comp. insurance req.]

□ 5. Retail
□ 6. Restaurant/Bar/Eating Establishment
□ 7. Office and/or Sales (incl. real estate, auto, etc.)
□ 8. Non-profit
□ 9. Entertainment
□ 10. Manufacturing
□ 11. Health Care
□ 12. Other

*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 #:__________________________

__________________________

Official use only. Do not write in this area, to be completed by city or town official.

City or Town:__________________________ Permit/License #__________________________

Issuing Authority (circle one):
6. Other

Contact Person:__________________________ Phone #:__________________________