



**TOWN OF MEDFIELD**  
**Board of Health**

TOWN HOUSE  
459 MAIN STREET  
MEDFIELD, MASSACHUSETTS 02052  
Tel: 508-906-3006 Fax: 508-359-6182

**Name of Establishment:** \_\_\_\_\_

**Name of Applicant / Business Owner:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

*If corporation or partnership, give name, title & home address of officers or partners:*

<i>Name</i>	<i>Title</i>	<i>Home Address</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**State of Incorporation:** \_\_\_\_\_

**Permit Type:**    Mobile Food            1-5 mos / 6-12 mos            Fee: \$ 75.00/\$150.00

**Dates of Operation:** \_\_\_\_\_

\*Applications for mobile food units or pushcarts must include a list of the handwash/toilet facilities available on each route. Attach separate sheet.

**Emergency Response Person:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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 all state taxes required under law.

**By:** \_\_\_\_\_  
(Individual or Corporate Name)

**By:** \_\_\_\_\_  
Corporate Officer (if applicable)

**SSN/Federal ID Number:** \_\_\_\_\_

## **Mobile Food Truck Permit Application**

### Submittal Checklist:

- ☐ Application (completed and signed)
- ☐ Application Fee (checks should be made payable to the Town of Medfield)
- ☐ Current BOH Permit
- ☐ Menu of items to be offered
- ☐ Safe Food Handler Certification
- ☐ Allergen Awareness Certification
- ☐ Commercial Kitchen / Commissary Info
  - ☐ (a) Letter confirming that food truck vendor is allowed to use facility
  - ☐ (b) BOH permit for facility
  - ☐ (c) BOH inspection of facility (most recent)