



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)