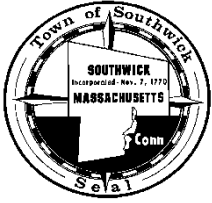


+Date Received _____ Amount Paid \$ _____ Check # _____ Permit # _____

FOR BOH OFFICE USE ONLY TCC: Initial _____ Date: _____



TOWN OF SOUTHWICK BOARD OF HEALTH
APPLICATION TO OPERATE A
MOBILE FOOD SERVICE ESTABLISHMENT
2024

Southwick Health Department
454 College Highway
Southwick, MA 01077
(413) 569-1212

See reverse side for
required documentation.

Name of Business _____

Owner Name _____ Phone _____

Owner Address _____

Mailing Address (if different) _____

Email _____ Fax _____

Operator Name (if different) _____ Phone _____

Operator Address _____

Check which type of Mobile Food Service Unit applies:

☐ Mobile Food Unit (truck or trailer unit) ☐ Pushcart ☐ Ice Cream Truck

Name and address of Licensed Food Service Establishment or Food Processing Plant that Licensee operates from:

Location of available toilet and handwashing facilities: _____

Name of food sources/suppliers: _____

CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.

Name(s) of Certified Food Manager(s) _____ Expiration Date _____

Name(s) of Food Allergen Awareness Certificate Holder(s) _____ Expiration Date _____

105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.

APPLICATION FEE: \$ 75 PER MOBILE FOOD UNIT

NUMBER OF MOBILE FOOD UNITS: _____

TOTAL FEE: \$ _____

I hereby certify that I am an owner or officer of the above business and all the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to allow the Board of Health or its agents access to the unit and to provide all required information. I agree to pay all appropriate fees at the time of application submittal.

SIGNATURE OF OWNER / OFFICER

CHECK OR MONEY ORDER

PAYABLE TO: Town of Southwick

DATE

NO REFUNDS

ADDITIONAL DOCUMENTS REQUIRED

Depending on the type of Mobile Food Service Unit being applied for, copies of the following documents must be provided along with this application:*

Push Cart:


- ☐ Driver's license or State Identification Card of operator
- ☐ Hawkers and Peddlers License
- ☐ Common Victuallers License
- ☐ Food Safety Manager Certification if handling Potentially Hazardous Foods
- ☐ Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- ☐ Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant
- ☐ A comprehensive set of photographs documenting the inside and outside of the mobile food unit

Mobile Food Unit:

- ☐ Driver's license of operator
- ☐ Vehicle registration
- ☐ Hawkers and Peddlers License
- ☐ Common Victuallers License
- ☐ Food Safety Manager Certification if handling Potentially Hazardous Foods
- ☐ Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- ☐ Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant
- ☐ A comprehensive set of photographs documenting the inside and outside of the mobile food unit

Ice Cream Truck:

- ☐ Driver's license of operator
- ☐ Vehicle registration
- ☐ Hawkers and Peddlers License
- ☐ Common Victuallers License
- ☐ Ice Cream Truck Vendor License
- ☐ If serving soft serve ice cream, proof of contract with a licensed environmental testing firm
- ☐ Food Safety Manager Certification if handling Potentially Hazardous Foods
- ☐ Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- ☐ Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant
- ☐ A comprehensive set of photographs documenting the inside and outside of the mobile food unit

 An inspection must be scheduled with the Health Department prior to operation.

* If necessary, the Health Department may request more information than what is listed above.