

## TOWN OF MEDWAY COMMONWEALTH OF MASSACHUSETTS

Medway Town Hall 155 Village Street Medway, MA 02053 Phone (508) 533-3253

## **BOARD OF HEALTH**

## **Mobile Food Establishment Permit Application**

Date:		
Type of Application:	□ New Food Establis	shment □ Renewal
Business/ Organizat	ion Information:	
Name posted on Mob	ile Food Unit:	
Make:	Model:	License Plate #:
Mailing Address:		
Phone Number:		Email:
Owner Information:		
Name:		
Mailing Address:		
Phone Number:		Email:
Person-in-Charge (P	IC) and Supervisor I	nformation:
Name of the person in	n charge of mobile foo	d unit:
Phone Number:		Email:
Base of Operation Ir	nformation:	
Do you have a base o	of operation? □ Yes- s	submit copy of food permit    No
Address:		
Contact Person:		
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Menu and Operation Information:	
List all food item(s) offered or submit a menu:	
How and where will food items be stored and held:	
How will TCS food items be held cold (41°F or below):	
How will TCS food items be held hot (135°F or above):	
How will TCS food items be cooked:	
Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I	all State Tax returns and paid all rmation provided in the low the regulatory authority to the
Name (Please Print) Signate	ure

## **Submit the following:**

- Completed Mobile Food Establishment Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- o Permit Fee- \$75- Make check payable to "Town of Medway"
- Workman's Compensation Affidavit (we have attached for you)
- Certificate of Liability
- State Hawkers & Peddlers License
- Base of Operation Food Permit (if applicable)
- o Certified Food Protection Manager and Allergen Awareness Certificates (if applicable)

- o For new applicants- Submit a sketch of mobile food unit (showing locations of equipment)
- For Ice Cream Trucks- A Permit / Letter issued by the Chief of Police or the board or officer having control of the police in a City or Town, or person authorized by them.