



# TOWN OF TRURO

## BOARD OF HEALTH

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666

Tel: 508-349-7004, Extension: 32 or 31 Fax: 508-349-5508

Email: [ppajaron@truro-ma.gov](mailto:ppajaron@truro-ma.gov) or [adavis@truro-ma.gov](mailto:adavis@truro-ma.gov)

### APPLICATION FOR MOBILE FOOD SERVICE PERMIT

PART I - TO BE FILLED IN BY APPLICANT

**Applicant:** (check one)  New  Renewal

**Date:** \_\_\_\_\_

**Type of Mobile Food Service:**

- Mobile Food Truck (potentially hazardous foods)
- Ice Cream Truck
- Pushcart (limited to non-potentially hazardous foods)

**Business Name:** \_\_\_\_\_

**Owner Name:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Mailing** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_ **Phone** \_\_\_\_\_ **No:**

\_\_\_\_\_ **24** **Hour** **Emergency:** \_\_\_\_\_

**Certified Food Manager(s) (attach copy):**

\_\_\_\_\_

**Allergen Awareness Certification (attach copy):**

\_\_\_\_\_

**List fixed or stationary location(s) where food will be sold:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your menu changed from last year?**  Yes  No

*If yes please attach copy of menu or provide description of food to be prepared and sold:*

\_\_\_\_\_

\_\_\_\_\_

**BASE OF OPERATION:** (All Mobile Food Vendors must operate out of a fixed Licensed Establishment)

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

Address: \_\_\_\_\_ Owner/Manager: \_\_\_\_\_

Type of Establishment: \_\_\_\_\_

**WATER SYSTEM/WASTE RETENTION:**

\_\_\_\_ Site has potable water hookup

\_\_\_\_ Potable water supply tank on unit. Capacity \_\_\_\_\_ gal.

Capacity of waste retention tank \_\_\_\_\_ gal (should be greater than supply)

How and where will the liquid waste water be disposed of?

\_\_\_\_\_  
*I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the mobile vending truck or pushcart as specified under § 8-402.11. I affirm that the mobile food service operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 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 and local taxes required by law.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number or Federal ID: \_\_\_\_\_

**\*\*\*\*\*PLEASE SEE APPENDIX A FOR ADDITIONAL REQUIRED DOCUMENTS\*\*\*\*\***

**FOR HEALTH DEPARTMENT USE ONLY**

- Food Manager Certification     Allergen Awareness Certification     Choke Saver Training
- Copy of Commissary Agreement     Copy of the valid Food Service Permit for the Base of Operations     Copy of the most recent inspection report for the Base of Operations

Comments: \_\_\_\_\_

Application Approved \_\_\_\_\_ Denied \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Agent

\_\_\_\_\_  
Date

**TOWN OF TRURO**  
P.O. Box 2030, Truro, MA 02666  
**BOARD OF HEALTH**  
Tel: 508-349-7004, Extension: 32 or 31 Fax: 508-349-5508

**APPENDIX A – Additional Applications & Documentation  
For Mobile Food Vendors**

- SMOKE DETECTOR/FIRE PROTECTION CERTIFICATION
- COPY OF INSPECTION OF COMMERCIAL HOOD/VENTILATION SYSTEM REPORT (IF APPLICABLE)
- IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit
- COPY OF VALID FOOD SERVICE PERMIT FOR BASE OF OPERATIONS (IF LOCATED OUTSIDE TRURO)
- COPY OF MOST RECENT FOOD SERVICE INSPECTION REPORT FOR BASE OF OPERATIONS (IF LOCATED OUTSIDE OF TRURO)
- COPY OF THE COMMISSARY AGREEMENT (BASE OF OPERATIONS)
- COMPLETE CORI FORM AND PERMIT TO ENGAGE IN ICE CREAM VENDING MGL 270 §25 (ICE CREAM TRUCKS ONLY)
- COPY OF STATE HAWKER PEDDLER LICENSE
- PLEASE SEE ADMINISTRATION OFFICE FOR APPROVAL OF LOCAL HAWKER PEDDLER

**Complete the attached mobile food service application and the supporting documents and mail or submit them with the appropriate fees to:**

**TOWN OF TRURO**  
**Health Department**  
**PO Box 2030, Truro, MA 02666**