



Town of Halifax

Simple Permit Application for Mobile Food

Applications received **after** the December 31st deadline, fees will be **doubled in amount**. Failure to pay late fees will result in non renewal of permit.

*** All permit applications must be submitted to the Halifax Board of Health at least 30 days prior to any planned event opening date. ***

*** All mobile food vendors participating in mobile food events are required to have a "Massachusetts" Hawkers and Peddlers license unless the organizer of the event has a promoter's permit with the Division of Standards in Boston, MA. If you are licensed in another state, you are still required to have one for Massachusetts *** <http://www.mass.gov/ocabr/government/oca-agencies/dos-lp/dos-licensing/hawker-and-peddler-license/>

*** Liability Insurance is a requirement for the Halifax Board of Health. If you have any questions, please contact our office at 781-293-6768.

Business Information

Event Date(s): _____

Event Location: _____

Establishment Name: _____

Establishment Mailing Address: _____

Establishment Telephone #: _____

Applicant Name & Title: _____

Applicant Address: _____

Applicant Telephone #: _____

Applicant **E-Mail** Address(s): _____

Owner Name & Address (if different from applicant): _____

Permit Fee

\$ _____

Payment is due with application

Type of Permit

Mobile Food Establishment

Be sure to include copies of the following documents:

- Food Safety Certificate
- Allergen Awareness Certificate
- Worker's Compensation Affidavit Form
- Worker's Compensation Insurance Certificate
- Liability Insurance Certificate
- Application Fee

Establishment Owned by: If a corporation or partnership, give name, title and home address of officers or partners.

An Association A Corporation an Individual

A Partnership Other legal entity.

Food Safety and Menu Information

Name of Person in Charge Certified in Food Protection Management: _____

Is there a person trained in anti-choking procedure? Yes No

Will all food be prepared at the food service/event location? Yes No

Menu list or attach a list of all items on menu: (Any changes must be submitted and approved by the Board Health at least 7 days prior to an event.) _____

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Food Safety and Menu Information (Continued)

Location: Permanent Structure Mobile Unit Push Cart Other: _____

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Section A: At an approved kitchen

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

Section B: At a booth:

Food	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

If these food preparation procedures cannot fit your charts, please list all of the steps preparing each menu item on an attached sheet.

Food Source(s) _____

Source and Storage of water & ice _____

Storage & disposal of waste water _____

Storage and disposal of garbage _____

On the next page, please draw a sketch.

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I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the mobile food unit/push cart operations will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Board of Health on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

Signature of Applicant:

Date:

Pursuant to MGL Ch. 62 C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filled all state tax returns and paid state taxes required under law.