



# TOWN OF HALIFAX COMMONWEALTH OF MASSACHUSETTS

## Board of Health

499 Plymouth Street, Halifax, MA 02338

\*\*\*Telephone (781)293-6768 \*\*\* Fax (781)293-1738

**\$75.00 for a single event permit or \$150.00 for a seasonal permit.**

**Date Received:**

**Date Approved:**

**Permit Fee:**

**Permit #**

All "Event" permit applications and "Food Vender" 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 are required to have a Massachusetts Hawkers and Peddlers license when participating in mobile food events. If you are licensed in another state, you are still required to have one for Massachusetts.

Mobile Food Vendors are not required to have a hawkers and peddlers license if the event organizer has a promoter's license. \*\*\* <http://www.mass.gov/ocabr/government/oca-agencies/dos-lp/dos-licensing/hawker-and-peddler-license/>

### MOBILE FOOD UNIT/PUSHCART PLAN AND OPERATION REVIEW

Name of Business \_\_\_\_\_

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Title \_\_\_\_\_

(Owner, Operator, Director, Etc...)

I have submitted plans/applications to the following: Date: \_\_\_\_\_

Board of Selectman \_\_\_\_\_ Police \_\_\_\_\_ Fire \_\_\_\_\_ other \_\_\_\_\_

### **BASE OF OPERATION:**

Name \_\_\_\_\_ Owner/Manager \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

Type of Establishment \_\_\_\_\_ Permit# \_\_\_\_\_

**If you will be participating in an “Outdoor Event” as a mobile food vender, please complete the following.**

**OUTDOOR EVENT INFORMATION:**

Event Name \_\_\_\_\_

Event Date \_\_\_\_\_ Event Time \_\_\_\_\_

Event Owner/Organizer/PIC \_\_\_\_\_

Event Address \_\_\_\_\_

Event Phone \_\_\_\_\_ Event Fax \_\_\_\_\_ Event Cell Phone \_\_\_\_\_

Event Email Address \_\_\_\_\_

**Menu (Food to be Served)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A. FOOD SUPPLIES:**

1. Are all food supplies (including ice and water) from inspected and approved sources?

Yes ☐ No ☐

2. Will all pre-packaged food be labeled with the name and address of manufacturer, name of product, list of ingredients and net weight? Yes ☐ No ☐

3. Will all pre-packaged, potentially hazardous foods (**PHF's**) also be labeled with a sell-by date? Yes ☐ No ☐

**B. FOOD STORAGE:**

1. Is adequate freezer and refrigeration (mechanical/Ice) available to maintain:

i. Frozen foods at 0 degrees F and below? Yes ☐ No ☐

ii. Refrigerated foods at 45 degrees F and below? Yes ☐ No ☐

iii. Number of refrigeration units \_\_\_\_\_ number of freezer units \_\_\_\_\_

***NOTE: Packaged foods shall not be stored in contact with water or undrained ice.  
Wrapped sandwiches shall not be stored in direct contact with ice.***

1. Is each refrigerator/freezer equipped with a thermometer? Yes ☐ No ☐

2. Will raw **PHF's** be stored in the same refrigerator and freezers with cooked/ready-to-eat foods? Yes ☐ No ☐

If YES, how will cross-contamination be prevented? \_\_\_\_\_

- 
3. Will all wrapped foods be protected from dust, road dirt, insects, etc...? Yes ☐ No ☐

**C. CONSTRUCTION:**

1. Is the unit constructed of safe materials that are durable, smooth, and easily cleanable?

Yes ☐ No ☐

Describe construction materials: \_\_\_\_\_

2. Is the unit constructed and arranged so that food, drink, and utensils will not be exposed to insects, rodents, dust, or other contaminants? Yes ☐ No ☐

3. Are protective covers provided for unwrapped foods on display? Yes ☐ No ☐

4. Does the mobile food unit/pushcart have the names and address of the owner or company displayed on either side in letters at least 3 inches in height? Yes ☐ No ☐

**D. WATER SYSTEM/WASTE RETENTION:**

1. Is a sink with hot and cold running water, under pressure, available for hand washing?

Yes ☐ No ☐

2. Are sinks with hot and cold running water, under pressure, available for washing equipment and utensils? Yes ☐ No ☐

If YES, state dimensions (L x W x H): \_\_\_\_\_

If NO, where will equipment and utensils be cleaned and sanitized? \_\_\_\_\_

3. Sanitizing Agent: \_\_\_\_\_ Concentration: (ppm) \_\_\_\_\_

4. Size of water supply tank: \_\_\_\_\_ gal. \_\_\_\_\_

Size of waste retention tank: \_\_\_\_\_ gal. \_\_\_\_\_

(NOTE: should be 15% greater than water tank)

5. Is water inlet of supply tank kept capped (while not being filled) and located in such a manner that it will not be contaminated by waste discharge, road dust, oil or grease.

Yes ☐ No ☐

6. Is the waste retention tank connection located lower than the water inlet connection?

Yes ☐ No ☐

7. How and where will the liquid waste from the retention tank be disposed of?

\_\_\_\_\_

**NOTE:** A mobile food unit servicing area must be provided at the base of operation if:

- ✓ Unpackaged food is placed on the Mobile Food Unit/Pushcart, and/or
- ✓ The Mobile Unit is equipped with waste retention tanks.

**E. FOOD PREPERATION:**

**NOTE:** *Applies only to Mobile Food Units with water systems. Mobile Food Units without water systems and Pushcarts are limited to the sale of non-potentially hazardous foods pre-packaged potentially hazardous foods and the preparation of hot dogs.*

1. List how each category of hot foods will be cooked/reheated.

\_\_\_\_\_

**NOTE: PHF's to be served hot must be rapidly reheated to an internal temperature of 165 degrees F within one (1) hour.**

2. How will hot bulk food be maintained at 140 degrees F? \_\_\_\_\_

3. Will food product thermometers (0-21 degrees F) be used to measure temperatures of **PHF's** after cooking/reheating and during holding? Yes ☐ No ☐

4. Will sandwiches, salads and other cold, ready-to-eat foods be prepared and/or assembled on site? Yes ☐ No ☐

If **YES**, will utensils, disposable gloves, single-service papers, etc., be used to minimize food handling? Yes ☐ No ☐

5. How will dispensing utensils be stored? ? \_\_\_\_\_

6. How will utensils be cleaned and sanitized, if necessary, during use? ? \_\_\_\_\_

7. Describe the washing facility on unit. ? \_\_\_\_\_

8. Will unit self-service of bulk foods be allowed? Yes ☐ No ☐

9. Are all condiments, coffee creamers, sugar, etc., individually wrapped or in pour type containers? Yes ☐ No ☐

10. Are all single-service articles individually wrapped or stored in sanitary containers? Yes ☐ No ☐

11. Describe what you do with bulk **PHF's** *be at the end of each business day?* \_\_\_\_\_

12. How will out of date, packaged **PHF's** be handled? \_\_\_\_\_

**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
  - Liability Insurance is a requirement for the Halifax Board of Health to issue a permit. If you have any questions, please contact our office at 781-293-6768.
- Application Fee (\$75.00 per event or \$150.00 for the season)

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment 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: \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_