FOR BOARD OF HEALTH USE ONLY				
DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: $_____	PERMIT ISSUED
			LATE FEE: $_____	DATE: _____
_____	_____	_____	TOTAL FEE = $_____	ID#: _____

CITY OF NEW BEDFORD HEALTH DEPARTMENT

1213 Purchase Street - 1st Fl, New Bedford, MA 02740

For Application Assistance or Inspectors: (508) 991-6199

FOOD TRUCK
ANNUAL PERMIT APPLICATION – Permit fee: $600.00

New business application must be submitted at least 30 days prior to proposed opening date.
Renewal applications received after December 1st will be charged a 20% late filing fee.

PLEASE *PRINT* CLEARLY ***Payment is due with application***

Check type of application: ☐ **New (Initial)** ☐ **Renewal** ☐ **Amended**

1) Mobile Food Trade Name:

2) Mobile Unit's Address:

3) Business Telephone No.: ( ) **Fax No.: ( )**

4) Applicant Name: **Applicant's Title:**

5) Applicant Address: _____ TELEPHONE No.: ( )_____

Applicant's E-mail Address:

6) Mailing Address (*if different*):

7) Mobile Unit Owner Name: (First)_____ (Last)_____ (MI)_____

*** If an Association, Corporation, Partnership, Legal Entity; Enter Name :**

8) Owner's Address (*if different from applicant*):

9) Operation is OWNED by: (*Check one*)
- ☐ Association
- ☐ Corporation
- ☐ Individual
- ☐ Partnership
- ☐ Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State:
(Please provide an attachment if necessary)

Officer/Partner's Name **Title** **Home Address**

_____

_____

_____

(First) (Last) (MI)

11) Operation is: (*Check one*)
- ☐ Part of Chain
- ☐ Independent

12) Person Directly Responsible for Daily Operations *(Owner, Person in Charge, Supervisor, Manager etc.):*

Name: _____ Title: _____ Telephone No: ( )_____

Address: _____

Fax Number: ( ) **24 Hour Emergency Number: ( )**

14) Mobile Unit Type: ☐ **Trailer Unit** ☐ **Food Truck (Motorized Vehicle)**

15) Days and Hours of Operation:

Days: _____

Hours: _____

16) No. of Food Employees:

17) Food Source(s) / Base of Operation:

Food Truck Annual Application continued

18)Vending Location(s): ☐ Private Property= Lease required ☐ Public Property= Route List required (*form attached)*

19) Water Source: _____
DEP Water Supply Number: (*if applicable*): _____

19) Gray water disposal:

21) Name of Person(s) in Charge Certified in Food Protection Management and Allergen Awareness certified:
***(Copy of both certificates required- please attach*):**

21 List of Drivers/Operators (copy required):

1) _____
2) _____
3) _____
4) _____

Please attach a copy of : *(√ check one)*
Driver's License / State ID:

1) ☐ _____ ☐ _____
2) ☐ _____ ☐ _____
3) ☐ _____ ☐ _____
4) ☐ _____ ☐ _____

21) *Liability Insurance Policy (*City must be co- insured /Please attach a copy of the Policy declaration page)
Insurance Company name: _____
***Worker's Compensation Policy (*if applicable, Please attach a copy of the Policy declaration page)**

22) Food Preparation: ***(Check all that apply)***

Definitions: PHF – potentially hazardous food (time/temperature controls required);
Non-PHFs – non-potentially hazardous food (no time/temperature controls required);
RTE – ready-to-eat foods (eg. sandwiches, salads, muffins which need no further processing)

- ☐ Sale of commercially pre-packaged Non-PHFs
- ☐ Sale of commercially pre-packaged PHFs
- ☐ Delivery of packaged PHFs
- ☐ Reheating of commercially processed foods for service within (4) hours
- ☐ Customer self-service of Non-PHF and non-perishable foods only
- ☐ Preparation of Non-PHFs for retail sale
- ☐ Offers RTE PHF in bulk quantities
- ☐ PHF cooked to order
- ☐ Preparation of PHFs for hot and cold holding for single meal service
- ☐ Customer self-service
- ☐ Sale of raw animal foods intended to be prepared by consumer
- ☐ Ice manufactured and packaged for retail sale
- ☐ Juice manufactured and packaged
- ☐ Retail sale of salvage, out-of-date or reconditioned food
- ☐ Hot PHF cooked and cooled or hot held for more than a single meal service
- ☐ PHF and RTE foods prepared for highly susceptible population facility
- ☐ Raw or undercooked food of animal origin
- ☐ Vacuum packaging/cook chill
- ☐ Use of process requiring a variance and/or HACCP Plan (including bare hand contact alternative, time as a public health control)
- ☐ Prepared food/single meals for catered events or institutional food service
- ☐ Other *(Describe)*: _____

☐ **If applicable, Name of:**
Dumpster Co.: _____
Pick up dates: _____
Grease Hauler: _____
Pick up dates: _____
Pest Control Co.:

25) Business Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

✓***If owned by an individual:*** ☐ **Date of Birth (D.O.B.)** _____ ☐ **Social Security Number:** _____

✓***If owned by an association, corporation, partnership, or other legal entity:***

☐ **Federal Employer Identification Number:**

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this mobile food operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the Health Department on how to obtain copies of 105 CMR 590.000 and the Federal Food Code.

As the permit holder, I understand that I must immediately discontinue operations affected by an *imminent health hazard* and notify the Board of Health in accordance with 105 CMR 590.001 (FC8-404-11). Imminent health hazards include but are not limited to: Fires, Floods, Extended interruption of Electrical or Water Service, Sewage Backup, misuse of poisonous or toxic materials, onset of an apparent food borne illness outbreak, gross unsanitary occurrences or condition, or suspected food tampering, any other circumstance that may endanger public health. (A permit holder need not discontinue operations in an area of an establishment that is unaffected by the imminent health hazard). As the permit holder, I understand that the person in charge must immediately notify the Board of Health if a food employee is infected with a disease transmissible through food in accordance with 105 CMR 590.003(G).

26) Owner's / Authorized Officer's Signature – *Print* name, title, *sign* and date below:
Print Name: _____ **Title:** _____
Signature: _____ **Date:** _____

Reminder: Consistent with M.G.L. Ch.270, Section 22 and per order of the New Bedford Board of Health, Food Establishments must prohibit smoking on the premises at all times and post smoke-free notices at all points of entry, restrooms, and conspicuously upon the premises. It shall be the responsibility of the permit holder or Business Agent to prohibit smoking on the premises.