



Office of  
Board of Health

# Town of Marshfield

## Board of Health

870 Moraine Street  
Marshfield, Massachusetts, 02050

Tel: 781-834-5558 Fax: 781-837-6047

### MOBILE FOOD HANDLER PERMIT APPLICATION FORM

***Please complete, sign and return this form to the Health Department along with:  
Food Safety Certification, Allergen Awareness Certification, and State required Workers Compensation  
Insurance Affidavit form. If applying for a Mobile food permit a copy of your State Hawker and Peddler  
License, and your Marshfield Peddlers License is required.***

**Applications will not be accepted unless all items are enclosed**

Total fee \$ 75.00 Months of operation \_\_\_\_\_  
Type of Permit:  
Retail Food \_\_\_\_\_ **Mobile X** Restaurant Food \_\_\_\_\_ Residential Kitchen \_\_\_\_\_ Take Out \_\_\_\_\_ Catering \_\_\_\_\_ Service Organization \_\_\_\_\_  
1 - 25 seats \_\_\_\_\_ 25 - 50 seats \_\_\_\_\_ 50 - 100 seats \_\_\_\_\_ Over 100 seats \_\_\_\_\_ N/A \_\_\_\_\_

### **\*PLEASE PRINT CLEARLY**

Name of Establishment \_\_\_\_\_

Tax. ID # \_\_\_\_\_ Email Address: \_\_\_\_\_

Business location address \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Complete Mailing address**  
(If different from above) \_\_\_\_\_

Hours of operation \_\_\_\_\_

Contact Person \_\_\_\_\_

Emergency Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Pursuant to M.G.L. Ch 62C, Sec.49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed state tax returns and paid all state taxes required under law. (Must be filled out and signed)

Signature of Individual or Corporate Name \_\_\_\_\_

By \_\_\_\_\_

Corporate Officer (If applicable)

If Corporation or partnerships, give name, title, and home address of officers or partners.

NAME

TITLE

HOME ADDRESS

State of incorporation \_\_\_\_\_ Name & address  
of local agent \_\_\_\_\_

I HEREBY STATE THAT ALL ANSWERS ARE CORRECT AND UNDERSTOOD OR HAVE BEEN CORRECTED.

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



*The Commonwealth of Massachusetts*  
*Department of Industrial Accidents*  
**Office of Investigations**  
600 Washington Street, 7<sup>th</sup> Floor; Boston, Mass. 02111  
Workers' Compensation Insurance Affidavit

**Applicant information:**

Please PRINT legibly

name: \_\_\_\_\_

location: \_\_\_\_\_

city \_\_\_\_\_

phone # \_\_\_\_\_

☐ I am a homeowner performing all work myself.

☐ I am a sole proprietor and have no one working in any capacity

☐ I am an employer providing workers' compensation for my employees working on this job.

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

☐ I am a sole proprietor, **general contractor**, or **homeowner** (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

company name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_

phone #: \_\_\_\_\_

insurance co. \_\_\_\_\_

policy # \_\_\_\_\_

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification. I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

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

Print name \_\_\_\_\_ Phone # \_\_\_\_\_

official use only do not write in this area to be completed by city or town official

city or town: \_\_\_\_\_ permit/license # \_\_\_\_\_ ☐ Building Department

☐ check if immediate response is required

☐ Licensing Board

☐ Selectmen's Office

☐ Health Department

contact person: \_\_\_\_\_ phone #: \_\_\_\_\_ ☐ Other \_\_\_\_\_