

**Marshfield Board of Health
870 Moraine Street
Marshfield, Ma. 02050**

**781-834-5558
Fax 781-837-6047**

Permit # _____ Months of Operation _____ Fee _____

APPLICATION FOR TEMPORARY MOBILE FOOD HANDLER PERMIT

**Early Registration Fee: \$15.00 per day (if received 14 days prior to event)
 \$25.00 per day (if received less than 14 days prior to event)**

PLEASE NOTE: Applications will not be accepted less than 72 hours prior to an event.

Please complete, sign and return this form to the Health Department along with the items listed below. ****Applications will not be accepted unless ALL items are enclosed.****

- Fee
- State Hawker & Peddler License
- Marshfield Peddler License (*please contact Selectmen's office at 781-878-5563*)
- Worker's Comp Form
- Home Base Restaurant or Commissary Permit if Licensed in another Municipality
- Food Certification
- Allergen Awareness Certification

PLEASE PRINT CLEARLY

Name of Establishment: _____

Tax ID: _____

Operator's Name: _____ Email: _____

Name of Owner: _____

Phone: _____ Email: _____

Business Address: _____

Complete Mailing Address: (if different than above)

Business Phone #: _____ Fax #: _____

Contact Person: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Location of Event: _____ Date of Event: _____

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 _____

Menu: List all food items proposed to be prepared and served

Confirm your understanding that the following is needed for all food handling: Y___ N___

Food Grade Gloves / Food Thermometer / Hand Sanitizer & Towels / Covers on Food

Will all foods be prepared at the mobile food establishment booth? Y___ N___

If no, attach a copy of the agreement with the licensed food establishment where the food will be prepared, including dates & times of food preparation. Describe how food will be safely transported to the event.

List sources if serving meat/poultry/seafood/shellfish (Shellfish tags must be maintained for 90 days)

List water source and storage method _____

How will wastewater be stored and disposed? _____

How will garbage be stored and disposed? _____

STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above, without prior approval from the Board of Health, may nullify final approval.

Signature(s): _____

Print Name(s): _____ Date: _____

APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE

An inspection of the mobile food unit must be made by the Marshfield Board of Health prior to issuance of permit.

Please call the Marshfield Board of Health at least 2 weeks prior to your season to schedule an inspection. 781-834-5558

Approval of these plans does not indicate compliance with any other code, law or regulation that may be required. It further does not constitute approval for operation. A pre-opening inspection of the establishment, with equipment in place and operational, will be required to determine compliance.

Approval _____ Date: _____

Disapproval _____ Date: _____

Reason for disapproval _____

Please ensure your Food Permit is displayed in your vehicle at all times!

Please post an Allergy Awareness Notice stating “Before placing your order, please inform your server if a person in your party has a food allergy”.