

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

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

Permit # \_\_\_\_\_ Months of Operation \_\_\_\_\_ Fee       \$75      

**ANNUAL MOBILE FOOD HANDLER PERMIT APPLICATION**

*Applications will not be accepted unless all of the below items are enclosed:*

- Completed/Signed Annual Mobile Food Handler Application Form
- \$75 Fee Made Payable to Town of Marshfield
- State Hawker & Peddler License
- Marshfield Peddler License (obtained from Selectboard's Office 781-834-5563)**
- State required Workers Compensation Insurance Affidavit Form
- Home Base Restaurant or Commissary Permit if licensed in another Municipality
- Food Certification(s)
- Allergen Awareness Certification
- Contact Fire Department to Schedule Inspection at 781-834-1315

Name of Establishment: _____		
Establishment Mailing Address: _____		
City/Town: _____	State: _____	ZIP: _____
Establishment Phone: _____		
Name of Owner: _____	Cell Phone #: _____	
Email Address: _____	Emergency Phone #: _____	
Tax ID: _____		

Person in Charge of Daily Operation: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_

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, Agency, or Corporation 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 (or attach menu)

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

Food Grade Gloves / Food Thermometer / Hand Sanitizer & Towels / Covers on Food Y\_\_\_\_\_ N\_\_\_\_\_

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:

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

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List water source and storage method: \_\_\_\_\_

How will wastewater be stored and disposed? \_\_\_\_\_

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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: \_\_\_\_\_