MOBILE FOOD HANDLER PERMIT

Please fill out form completely.

Mobile Food Applications **must** also include:
1. A copy of your State Hawker and Peddler License
2. A copy of your Marshfield Peddler License
   (which may be obtained at the Selectman’s office)
3. A copy of your current Food Certification
4. A copy of your current Allergen Awareness Certification
5. Workers Compensation Insurance Affidavit
6. Home Base Restaurant or Commissary permit if licensed in another municipality

Please call the Marshfield Board of Health 2 weeks prior to your season start so that an inspection can be scheduled. 781-834-5558
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:
Fee, State Hawker/Peddler License, Marshfield Peddler License, Workers’ Comp. Form, Home Base Restaurant or Commissary permit if licensed in another municipality, Food Certification and Allergen Awareness Certification.

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 
Operator’s Name 
Tax. ID # Email Address: 
Business location address 

Business Telephone # Fax #

Complete Mailing address 
(If different from above)

Hours of operation
Contact Person Owner
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, 7th 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:

date:

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:

date:

address:

city:
phone #:

insurance co.
policy #

company name:

date:

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 # __________________________

☐ check if immediate response is required
contact person: __________________________ phone # __________________________

Building Department
Licensing Board
Selectmen's Office
Health Department
Other

(revised 9/95 PIA)
Information and Instructions

Massachusetts General Laws chapter 152 section 25 requires all employers to provide workers’ compensation for their employees. As quoted from the “law”, an employee is defined as every person in the service of another under any contract of hire, express or implied, oral or written.

An employer is defined as an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer.

MGL chapter 152 section 25 also states that every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required. Additionally, neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority.

Applicants

Please fill in the workers’ compensation affidavit completely, by checking the box that applies to your situation and supplying company names, address and phone numbers along with a certificate of insurance as all affidavits may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the “law” or if you are required to obtain a workers’ compensation policy, please call the Department at the number listed below.

City or Towns

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. The affidavits may be returned to the Department by mail or FAX unless other arrangements have been made.

The Office of Investigations would like to thank you in advance for you cooperation and should you have any questions, please do not hesitate to give us a call.

The Department’s address, telephone and fax number:

The Commonwealth Of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street, 7th Floor
Boston, Ma. 02111
fax #: (617) 727-7749
phone #: (617) 727-4900 ext. 406