



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
APPLICATION FOR MOBILE FOOD PERMIT
New applications must be submitted thirty days prior to opening

Date of Application: _____ Fee: _____ Permit Number: _____
to be completed by office

Type of Operation: Please check one	
<input type="checkbox"/> Year Round Truck <input type="checkbox"/> Seasonal Truck, please list dates _____ <input type="checkbox"/> Year Round Cart <input type="checkbox"/> Season Cart, please list dates _____ <input type="checkbox"/> Temporary Truck or Cart	
Mobil Food Truck Name:	
Applicant Name:	Title:
Applicant Address:	
Applicant Telephone Number:	
Applicant Email Address:	
Mail <input type="checkbox"/> or Email <input type="checkbox"/> Permit to: Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Corporate Address <input type="checkbox"/> Regional Supervisor <input type="checkbox"/>	
PERSON RESPONSIBLE FOR DAILY OPERATIONS:	
Name:	
Telephone Number:	Emergency Number:
Address:	
Email Address:	
Owner Name:	
Owner Address:	
Owner Telephone Number:	Fax Number:
Owner Email Address:	
Corporation Name: <i>(if applicable)</i>	
Corporate Office Address:	
Corporate Telephone Number:	Fax Number:
If owned by a corporation or partnership, give name, title and address of officers or partners. Please list them on a separate sheet of paper and attach to this application. Sheet Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
District or Regional Supervisor <i>(if applicable)</i>	
Name:	
Address:	
Telephone Number:	Fax Number:
Email Address:	
FOOD TRUCK LOCATION	
Primary Name of Facility and Address where the Food Truck will be operating:	

Additional Location where the Food Truck will be operating:	
State the Vehicle is Registered in:	Vehicle Registration Plate Number:
Number of Employees:	Seating Capacity:
Days and Hours of Operation:	Sewage Disposal:
Water Source:	
FOOD SAFETY Applicants must attach copies of all food certification certificates. Applications will not be processed without current certifications	
Person(s) Certified in Food Protection Management	
Name:	Expiration Date of Certification:
1.	
2.	
Person(s) Certified in Allergen Awareness.	
Name:	Expiration Date of Certificate
1.	
2.	

TYPES OF FOOD SOLD/SERVED: Please check all that apply

TCS: Time and Temperature controlled for

NON-TCS: No time/temperature controls require

RTE: Ready to Eat Foods (e.g. sandwiches, salads, muffins, that require no further processing)

- Sale of Commercially Pre-Packaged NON-TCS Sale of Commercially Pre-Packaged TCS
- Re-heating of Commercially Processed Foods for service within 4 hours
- Customer Self Service of NON-TCS and Non Perishable Food only
- Preparation of NON-TCS TCS cooked to order
- Retail Sale of Salvage, out dated or reconditioned food
- Preparation of TCS for hot and cold holding for single meal service
- Vacuum Packaging/Cooked Chili Customer Self Service
- Ice Manufactured and Packaged for Retail Sale Juice Manufactured and Packaged for Retail Sale
- RTE TCS in Bulk Quantities Raw or undercooked food of animal origin
- Hot TCS cooked and cooled or hot held for more than single service
- TCS and RTE foods prepared for highly susceptible population facility
- Sale of Raw Animal Foods intended to be prepared by the customer
- Use of processing requiring a variance and/or HACCP Plan (including bare hand contact alternative)
- Prepares food/single meals for catered events or institution food service
- Other, please describe: _____
- On a separate sheet which you will attach to this application please list all foods that you will be serving and describe your preparation process. Do not leave anything else and please be as detailed as possible.

Please provide a schematic drawing of your truck

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the establishment will comply with 105 CMR 590.00 and all other applicable law. The Board of Health has instructed me on how to obtain copies of 105 CMR 590.00 and the Federal Food Code.

Signature of Applicant: _____ Soc. Security or Federal ID No: _____