

DONALD J. BREDA, P.E.,
PETER A. DELLI COLLI, D.M.D.
MICHAEL D. BLISS, J.D.
ALAN G. COLE, M.D.,
PHYSICIAN TO THE BOARD
ROGER J. WADE, M.S.P.H.
DIRECTOR OF PUBLIC HEALTH

OFFICE OF THE
BOARD OF HEALTH
13 EAST CENTRAL STREET
NATICK, MASSACHUSETTS 01760

PHONE – 508-647-6460
FAX – 508-647-6466

PERMITTING PROCEDURES FOR MOBILE FOOD UNITS

The following information must be provided with the application before a permit will be issued.

- 1) Route stops in the Town of Natick and the approximate time of those stops.
- 2) The name and location of your base of operations or commissary where supplies and daily cleaning of your mobile food unit is provided.
- 3) The mobile truck must have identification of the operator and/or business name **AND** address in letters no smaller than three (3) inches on both left and right door panel of the vehicle.
- 4) You now must have means of mechanical refrigeration for storing and holding **ALL** cold foods.
- 5) If serving hot foods you must have an operating hand sink with hot running water and signs for 'NO SELF SERVICE'
- 6) Annually, prior to January 1, an appointment must be made at the Board of Health office for an inspection of your mobile food unit.

A list of the mobile food servers who comply with these procedures will be forwarded to the Natick Police Department. Any mobile server ***not on*** the list will not be allowed to operate within the limits of the town. Also, failure to comply with these provisions may result in a Criminal Complaint filed in the Natick District Court.

If you have any questions please contact this office at 508-647-6460.

FEE: \$100.00

OFFICE OF THE
Board Of Health
13 EAST CENTRAL ST.
NATICK, MASSACHUETTS 01760
TELEPHONE 508-647-6460 * FAX 508-647-6466

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Date: _____

Name of Establishment _____

Business Address **MOBILE**

Mailing Address _____

Name & Title of Applicant _____

Address of Applicant _____

Name of Owner (if different from applicant) _____

Telephone # of Establishment _____

If a corporation or partnership, give name, title & home address of officers or partners.

Name

Title

Home Address

State of Incorporation _____ Name & Address _____
Of Local Agent _____

Emergency Response Person _____ Home Phone _____

<u>Type of Establishment</u>	<u>Fee</u>	<u>Duration of Permit</u>	<u>Amount to be Paid</u>
Retail Food <input type="checkbox"/>	_____	Annual <input type="checkbox"/>	_____
Food Service <input type="checkbox"/>	_____	Seasonal <input type="checkbox"/>	_____
Caterer <input type="checkbox"/>	_____	Incidental <input type="checkbox"/>	_____
Mobile Food <input type="checkbox"/>	_____	Temporary <input type="checkbox"/>	_____
Residential <input type="checkbox"/>	_____	Total	_____

OVER

Dates of Operation if not Annual _____

MOBILE food units or pushcarts must include a list of the handwash and toilet facilities available on each route. Attach separate sheet.

Additional Information

Water Source _____ Sewage Disposal _____

Days & Hours of Operation _____

If Restaurant

Number of Seats _____ Number of Non-Smoking Seats _____

Person Trained in Anti-Choking Procedures (If 25 Seats or More) Yes _____ No _____

Signature of Applicant _____

Pursuant to M.G.L. Ch 62C. sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security # or Federal ID#

Signature of Individual or Corporate Name

Signature of Corporate Officer (if applicable)

Please make checks payable to the Town of Natick and return to
The Board of Health, 13 East Central St., Natick, MA 01760