

FEE:

OFFICE OF THE
BOARD OF HEALTH
13 East Central St., Natick MA 01760

Telephone 508-647-6460
Fax 508-647-6466

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

Today's Date: _____

Name of Establishment: _____

Event Location Address: _____ **NATICK MA** _____

Mailing Address:
(if different than above) _____

Telephone # at Establishment _____

Email Address _____

Name & Title of Applicant _____

Address of Applicant: _____

Name of Owner (if different from applicant) _____

Type of Ownership: (circle one)

A Individual ***B Partnership** ***C Corporation** ***D Association** ***E Other** explain _____

* if B, C, D, or E circled - provide Name, Title, Phone # and Home Address of Officers or Partners

Name Title Telephone # Home Address

Emergency Response Person or Zone, District, Regional Manager:

Name: _____ Telephone Number: _____

Address: _____ Email: _____

Manager of Food Establishment:

Name: _____ Telephone Number: _____

Address: _____ Email: _____

OVER

Type of Food Establishment - check all that apply

- Food Service
- Caterer
- Retail Food
- Residential Kitchen
- Incidental Retail Food
(pre-packaged, non-refrigerated foods only)
- Institutional ex. School,
Nursing Home, Day Care
- Mobile *complete unit information sheet and other
permitting procedures as requested*
- Private Club, Church, Non Profit

Duration of Permit: Annual Seasonal *Temporary Event *must list all food and where it is from*

Day(s) and Hours of Operation / Temporary Event: _____

Seating Capacity: _____ **Square Footage (for Retail):** _____

*Temporary Event *must list the food to be served and where it is from; use an additional page if necessary*

Person(s) Certified in:	Yes	No
Food Safety Management		
Allergen Awareness		
Anti-Choking Procedures <i>services with seating capacity of 25 or more must have a certified employee on site for each shift</i>		
<u>All applicable certifications shall be posted in a conspicuous place</u>		

By signing this I attest to the accuracy of the information provided in this application. Furthermore I affirm compliance with the provisions of 105CMR 590.000/Federal Food Code and allow the regulatory authority access to the establishment as specified in this Code.

Signature of Applicant _____

Pursuant to M.G.L. Ch 62C, section 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

PHONE – 508-647-6460

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

FAX – 508-647-6466

MOBILE FOOD UNIT

ANNUAL INFORMATION SHEET

Date _____

Name of Mobile Unit Establishment: _____

Type of Mobile Unit:

- Push Cart
- Ice Cream Truck
- Canteen Truck
- Full Service Food Truck

Base of Operations or Commissary where supplies and daily cleaning of mobile food unit is provided:

Name _____

Address _____

Items to be included with this application:

- A copy of the local permit of the Base of Operations or Commissary
- A letter from your Base of Operations or Commissary confirming that you are authorized to use the facilities for your permitted mobile food unit
- Ice Cream Truck Drivers/Servers must obtain State and Federal Criminal History Records. Contact your local police department and the Natick Police Department.
- A copy of a valid State Hawkers and Peddlers License

List locations of hand wash and toilet facilities available on each route:

List route stop locations in the Town of Natick and the approximate time of each stop:

PERMITTING PROCEDURES FOR MOBILE FOOD UNITS

The following information must be provided before a permit will be issued:

1. A completed “Mobile Food Unit Information Sheet” (included in the application package), with route stops in the Town of Natick and the approximate time for those stops.
2. A copy of a valid State Hawkers and Peddlers License
3. Ice Cream Truck Drivers/Servers:
State and Federal Criminal History Record checks are required for an Ice Cream Vendor’s License. Please consult with your local police department and the Natick Police Department for more information and to apply for this permit.
4. The name and location of your base of operations (such as a food establishment or food processing plant) where supplies and daily cleaning of your mobile food unit is provided.
NOTE: Provide a copy of the base of operations’ valid food permit and a letter confirming that you are authorized to use the facilities for your permitted mobile food unit.
5. Please provide copies of your Food Safety Manager Certification (ex. ServSafe) and your Allergen Awareness Certification.
6. The mobile food unit 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.
7. Means of mechanical refrigeration for storing and holding **ALL** cold foods.
8. If serving hot foods you must have an operating hand sink with hot running water and signs for ”NO SELF SERVICE”.
9. Compliance with Food Allergy Awareness Requirement. This is met with placement of MA DPH approved poster in vehicle, notice on menus and/or menu board, and certification in Food Allergen Awareness Training.
10. All food permits expire on December 31 of each year. Prior to January 1 (or if seasonal, prior to operating in the Town of Natick), an inspection of your mobile food unit must be made. Please call 508-647-6460 to schedule an appointment with one of our Health Agents.

REMINDER All mobile food operators are required to retain receipts for all foods served on the permitted unit. Receipts must indicate the name(s) of food item(s), date purchased, and name of food service where product was obtained.

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 the suspension of operations for a mobile food unit and possibly lead to the revocation of a permit to operate in the Town of Natick.

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