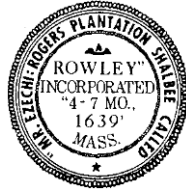


**FEES: \$50 ONE DAY
\$100 ANNUAL**



Fee Paid _____
Check # _____

Town of Rowley
Massachusetts 01969
39 Central Street
P. O. Box 783

Board of Health

E-Mail health@townofrowley.org

(978) 948 2231

MOBILE FOOD TRUCK PERMIT APPLICATION

COPIES OF THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THE APPLICATION:

1. Current food protection manager certification
2. Current allergen training certification
3. Massachusetts hawkers and peddlers' license
4. Copy of last inspection report and food permit from the licensed food establishment serving as your base of operations
5. SIT-62 Form
6. Worker's Compensation Affidavit.
7. IF PROPANE IS USED, COPY OF INSPECTION/PERMIT FROM FIRE DEPARTMENT OF ROWLEY OR HOME MUNICIPALITY.

BUSINESS:NAME _____

CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE #: _____ **E-MAIL ADDRESS:** _____

OWNER'S NAME _____

BASE OF OPERATIONS (address) _____

VEHICLE MAKE, YEAR _____ **PLATE NUMBER:** _____ **STATE:** _____

HANDWASH FACILITIES ON TRUCK? Y N **WATER SOURCE?** _____

LOCATION OF TOILET FACILITIES _____

EVENT INFORMATION – NAME(S): _____

LOCATION: _____

DATE(s): _____ **TIME(s):** _____

REFRIGERATION ON TRUCK? Y N IF NOT, WHERE LOCATED? _____

SOURCE OF FOOD PRODUCTS: _____

MENU (attach menu or use additional page for more space): _____

HOT FOOD ITEMS _____

COLD ITEMS _____

HOW WILL HOT FOODS BE HELD AT 140°F OR ABOVE? _____

HOW WILL COLD FOODS BE HELD AT 41°F OR LOWER? _____

HOW ARE SURFACES CLEANED AND SANITIZED? _____

PRINT NAME OF RESPONSIBLE PARTY: _____ Date: _____

SIGNATURE OF RESPONSIBLE PARTY: _____

PLEASE SKETCH WHERE TRUCK WILL BE POSITIONED ON THE PROPERTY.