Department of Health & Human Services
Board of Health
212 Main Street
Northampton, MA 01060
Tel: (413) 587-1214 ● Fax: (413) 587-1221
Commissioner: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY
Date: _____
Amt Received: _____
Cash/Check No: _____
Received by: _____
Workers Comp Affidavit ☐
Food Protection Manager ☐
Allergy Certificate ☐
Base of Operation Permit ☐

2023 MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

ALL FEES PAID ARE NON-REFUNDABLE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

AT LEAST 2 weeks of notice is required. Inspection availability is not guaranteed within a 2 week period; therefore, providing as much advance notice is highly recommended.

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner Address: _____

Establishment Owned by (Check one Box) Please attach List of Corporate and Partnership Officers

☐ An Association ☐ A Corporation ☐ An Individual ☐ A Partnership ☐ Other Legal Entity

If a Corporation or Partnership, give Name, Title, and Home Address of Officers or Partners

Name Title Home Address

_____

In Accordance with 105 CMR 590.003 (A) 590.009 and 590.003 (B)

Signature of Corporate Representative (i.e. President, CFO. COO): _____

Signature of Applicant or Corporate Signature: _____

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

FOOD ESTABLISHMENT INFORMATION

Days, and Hours of Operation: _____

Name of Person in Charge Certified in Food Protection Management: _____

Person Trained in Food Allergen Awareness: _____

Base of Operation Name and Location: _____

Method (s) for Hot & Cold Holding of Potentially Hazardous Food Products: _____

_____

PLEASE ATTACH COPIES OF CERTIFICATIONS

√	Establishment Type	Base Fee	**TOTAL**
	Mobile Food	$150.00	
	Retail Mobile Food Delivery	$150.00	
		TOTAL	

Water Source: □ Public □ Well Sewage Disposal: □ Public □ Well

THIS PRODUCT LIST MUST BE COMPLETED PRIOR TO PERMITTING

MOBILE PRODUCT LIST

TYPE OF FOOD PRODUCT MANUFACTURED	**LIST OF INGREDIENTS (In order of predominance by weight)**	**LOCATION AND NAME OF ESTABLISHMENT(S) WHERE SOLD**
PRODUCT 1		
PRODUCT 2		
PRODUCT 3		
PRODUCT 4		
PRODUCT 5		
PRODUCT 6		
PRODUCT 7		
PRODUCT 8		
PRODUCT 9		
PRODUCT 10		