DIVISION OF HEALTH INSPECTIONS PROCEDURES FOR OBTAINING A MOBILE PERMIT
(PLEASE READ CAREFULLY AND IF YOU ARE UNSURE PLEASE INQUIRE)

In order to obtain a Mobile Food Health Permit from the Inspectional Services Department the following documents must be submitted prior to the inspection. Inspections CANNOT be performed if information is incomplete and not submitted prior to inspection.

If you are vending in the City of Boston you may have to go to Police Headquarters, 1 Schroeder Plaza Boston, MA 02120, 617-343-4425, to verify where you can sell. (SOME AREAS ARE RESTRICTED)

If you are a mobile food walk on truck you are required to contact Office of Economic Development, 26 Court Street, 7th Fl., Boston, MA, 02108. 617-635-0355

If you are not at a permanent location, you must obtain a Hawkers and Peddlers license from the Division of Standards, One Ashburton Place, Rm. 1115, Boston, MA 02108. 617-727-3480

If you are vending on a public property, you must obtain a permit from the Department of Public Works, Anne McNeil, 1 City Hall Plaza, Rm. 714, Boston, MA, 02201 617-635-4911.

If you are vending on private property, you must obtain a Use of Premises permit from the Inspectional Services Department, Building Division, 1010 Mass. Ave, 5th Fl., Boston, MA 02118. 617-635-5300.

If you are vending in a city park, you must obtain a permit from the Parks & Recreational Department, 1010 Mass. Ave, 3rd Fl., Boston, MA 02118. 617-635-6505.

You are required to obtain a copy of the Massachusetts Sanitary Code 105CMR 590.000 and the 1999 Federal Food Code. These can be obtained at the State House Bookstore, RM 116, and 617-727-2834.

New mobile food units must submit plans for approval by the Health Division before you obtain a Health Permit. Plans are reviewed by appointment only. You can do this by calling Thomas McAdams at 617-961-3293.

All mobile food units or pushcarts shall operate from a fixed licensed food establishment and shall report twice daily to such location for all food and supplies and for all cleaning and sanitizing units and equipment. You must provide a letter on their letterhead stating you have permission to perform these duties from their establishment along with a copy of their permit.

If you sell potentially hazardous foods, you are required to have a full time on site certified food protection manager assigned to the mobile food operation. Please ask for course package. These courses are not offered by the City of Boston but through private consultants.

You must complete a Health Division application and provide the required documents and licenses at the time of your inspection. Inspections are performed at 1010 Massachusetts Ave, Monday – Friday from 8am – 9:30am. Mobile Food permits fees are $100 per unit and $30 each if you sell milk or ice cream. If you manufacture frozen dessert from a soft serve machine, the fee is $100. You are also required to have a lab that will test your machines once a month and submit those reports to the Health Division. No application will be excepted if the Tax ID # is blank.

If you are using propane, generators or open flame you are required to contact Boston Fire Department, 1010 Mass. Ave. Boston, MA 02118. Ask to speak with Special Hazards Division, 617-343-3447, to see if a fire inspection and/or permit are needed. If you have an exhaust system you are required to contact Dave Hayes, Fire Marshal’s Office at 617-343-2019.
**BOSTON INSPECTIONAL SERVICES DEPARTMENT**  
**DIVISION OF HEALTH INSPECTIONS**  
1010 MASSACHUSETTS AVE.  
BOSTON, MA 02118  
Tel (617) 635-5326 Fax (617) 635-5388

**FOR BOARD OF HEALTH USE ONLY**

<table>
<thead>
<tr>
<th>Date Received</th>
<th>Date Inspected</th>
<th>Approved By</th>
<th>Permit # Issued</th>
<th>Fee</th>
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**Food Establishment Permit Application**

1) Establishment Name:

2) Establishment Address:

3) Establishment Mailing Address (if different):

4) Establishment Telephone No:

5) Applicant Name and Title:

6) Applicant Address:

7) Applicant Telephone No:  
7A) Email:

8) Owner Name and Title (if different from applicant):

9) Owner Address (if different from applicant):

10) Establishment Owned By:  
- An association  
- A corporation  
- An individual  
- A partnership  
- Other Legal entity

11) If a corporation or partnership, give name, title and home address of officers or partners:  

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<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
<th>Address:</th>
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12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):  

<table>
<thead>
<tr>
<th>Name &amp; Title:</th>
<th>Address:</th>
<th>Telephone No:</th>
<th>Fax:</th>
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13) District Or Regional Supervisor (if applicable):  

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<th>Name &amp; Title:</th>
<th>Address:</th>
<th>Telephone No:</th>
<th>Fax:</th>
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<td>14)</td>
<td>Source of Water</td>
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<td>16)</td>
<td>Days and Hours of Operation:</td>
<td></td>
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<td>18)</td>
<td>Name of Person In Charge Certified in Food Protection Management:</td>
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<td>19)</td>
<td>Person Trained In Anti-Choking Procedures (if 25 seats or more):</td>
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<td>20)</td>
<td>Location:</td>
<td></td>
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<td>21)</td>
<td>Establishment Type (check all that apply):</td>
<td></td>
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<td>22)</td>
<td>Length of Permit:</td>
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<td>23)</td>
<td>Food Operations:</td>
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<td>24)</td>
<td>Signature of Applicant:</td>
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<td>25)</td>
<td>Federal ID:</td>
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<td>26)</td>
<td>Signature of Individual or Corporate Name:</td>
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<tbody>
<tr>
<td>Permanent Structure</td>
<td>□</td>
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<tr>
<td>Mobile</td>
<td>□</td>
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**Base of Operation:**

<table>
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<tr>
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<tbody>
<tr>
<td>Annual</td>
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<tr>
<td>Seasonal/Dates</td>
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<td>Temporary/Dates/Time</td>
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**Establishment Type (check all that apply):**

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<tr>
<td>□ Retail (sq.ft)</td>
<td>□ Caterer</td>
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<tr>
<td>□ Food Service (Seats)</td>
<td>□ Food Delivery</td>
</tr>
<tr>
<td>□ Food Service-Takeout</td>
<td>□ Mobile Food</td>
</tr>
<tr>
<td>□ Food Service-Institution</td>
<td>□ Mobile Food Walk-on</td>
</tr>
<tr>
<td>(Meals/Day)</td>
<td>(Beds)</td>
</tr>
<tr>
<td>□ Frozen Dessert Manufacturer</td>
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</table>

**Length of Permit:**

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<th>(check one)</th>
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<tbody>
<tr>
<td>Annual</td>
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<tr>
<td>Seasonal/Dates</td>
</tr>
<tr>
<td>Temporary/Dates/Time</td>
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</tbody>
</table>

**Food Operations:**

| | Definitions: |
| --- | PHF/TCS-potentially hazardous food (time/temperatures controlled for safety) |
| Non-PHF’s/TCS non-potentially hazardous food (time/temperature controlled for safety) | RTE-ready-to-eat foods (Ex. Sandwiches, salads, muffins which need no further processing) |
| □ Commercially Pre-Packaged Non-PHFs/TCS | □ PHF/TCS Cooked To Order |
| □ Commercially Pre-Packaged PHFs/TCS | □ Preparation of PHFs For Hot And Cold Holding For Single Meal Service |
| □ Preparation of Non-PHFs/TCS | □ Sale of Raw Animal Foods Intended to be Prepared by Consumer |
| □ Reheats Commercially Processed Food for service within 4 hours | □ Customer Self-Service |
| □ Customer Self-Service Of Non-PHFs/PHFs and Non-Perishable Foods Only | □ Ice Manufactured and Packaged for Retail Sale |
| □ Delivers Food Within 1 Hour of Preparation | □ Juice Manufactured and Packaged for Retail Sale |
| Other (Describe): | □ Offers RTE PHF/TCS in Bulk Quantities |
| | □ Retail Sale of Salvage, Out-of Date Reconditioned Food |

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and all other applicable law. I have been instructed by the board of health on how to obtain copies of 105 CMR 590.000 and the federal 1999 Food Code.

Pursuant to MGL 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 state taxes required under law.

25) Federal ID: 

26) Signature of Individual or Corporate Name:
CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:

- Canteen Truck
- Mobile Kitchen
- Pushcart
- Ice Cream Truck
- Other

SELL: Frozen Dessert/Yogurt/Ice Cream/ Or Milk
MANUFACTURING: Frozen Dessert/Yogurt/Ice Cream (Soft Serve)

NAME OF VEHICLE/PUSHCART _______________________
BASE OF OPERATION _______________________________________
STREET CITY STATE & ZIP ___________________________

VERIFICATION LETTER FROM LICENSED COMMISARY OR ESTABLISHMENT  YES  NO __

LOCATION IN THE CITY (BE SPECIFIC)
# STREET NAMES & SECTION OF THE CITY  DAYS AND TIMES

HANDWASHING SINK ON MOBILE UNIT  Y/N
TOILET FACILITIES ARE AVAILABLE AT _______________________

FOOD PRODUCTS TO BE SOLD SOURCE OF FOOD PRODUCTS
HOT FOOD ITEMS (Be Specific)  COLD FOOD ITEMS (Be Specific

MECHANICAL REFRIGERATION Y/N

MAKE & YEAR OF VEHICLE
STATE OF REGISTRATION _____________________
REGISTRATION # _______________________

IF YOU MANUFACTURE FROZEN DESSERT/ICE CREAM PLEASE COMPLETE THE FOLLOWING:
WHERE IS THE MIX PURCHASED FROM/NAME OF COMPANY _______________________
IS THE MIX PASTEURIZED? YES NO NUMBER OF REFRIGERATORS/FREEZERS __
ARE YOU AWARE OF THE REGULATIONS REGARDING THE SUBMISSION OF MONTHLY LAB REPORTS? Y/N

PAGE 3
Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Business/Organization Name: __________________________________________

Address: ___________________________________________________________

City/State/Zip: ______________________________________________________

Phone #: ___________________________________________________________

Are you an employer? Check the appropriate box:

☐ I am an employer with ______ employees (full and/or part-time).*

☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]

☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**

☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: ____________________________________________

Insurer's Address: ___________________________________________________

City/State/Zip: ______________________________________________________

Policy # or Self-ins. Lic. #: ____________________________________________ Expiration Date: __________________________

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to $1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to $250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: __________________________________________________________ Date: __________________________

Phone #: __________________________________________________________

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: ________________________________________________________ Permit/License # _______________________

Issuing Authority (circle one):


Contact Person: __________________________ Phone #: __________________________

www.mass.gov/dia
In the City of Boston, food truck vendors are required to apply for a number of permits as well as undergo inspections by both the Health and Fire Departments.

Each registered truck requires a BFD General permit for open burning/cooking. Special Event permits for those that do not regularly operate in Boston may be obtained provided an application and inspection is submitted and approved.

A fuel storage permit is required for all diesel or propane generators not fueled directly from a vehicle fuel tank. (Gasoline generators with a separate fill are not allowed):

No more than 2 -100 lb tanks are allowed (200 lbs aggregate)

Generator and LPG storage compartments located on the exterior of the vehicle must be enclosed. These compartments must have venting to the exterior and must not allow any venting to the interior of the vehicle. No storage or use of LPG cylinders or tanks within the vehicle at any time.

If an LPG storage compartment is added on the rear of the truck, the bumper shall extend beyond the compartment to provide added impact protection.

Belly tanks shall be installed according to DOT standards and located within the truck body frame for additional structural protection.

A commercial kitchen hood and suppression system is required for any vehicle with a grill, stove or fryolator.

When a grill, stove and fryolator are adjacent to each other, there shall be an 8 inch non combustible splash shield between them as required by NFPA 96 or a 16” space must be provided.

Hood and exhaust systems shall be inspected in conformance with the requirements of the 2008 edition of NFPA 96 as adopted by the Commonwealth of Massachusetts.

At the time of inspection, hood & exhaust systems must be clean and the hood shall have the appropriate sticker attached by a Boston Fire Department Registered Cleaner

All piping, interior gas appliances and commercial kitchen hood suppression systems must be professionally installed and permitted.

A “Flex pipe” is allowed from the LPG tank to the regulator. The regulator to the appliance must be “hard piped” by a licensed plumber.

A class K extinguisher of sufficient size and a 20 BC extinguisher shall be installed.

When parked on city streets, vendors are required to obtain a Boston Transportation Department (BTD) permit for 3 spaces. This ensures clear area in the front and rear of the truck.

During festival or Special Events, trucks shall maintain a minimum spacing no closer than 10 feet from the front and rear bumpers of other trucks.

To apply for a Boston Fire Department inspection, complete an application for a General BFD permit for open burning (cooking) or call the Special Hazards Unit if you have additional questions.

For more information visit: http://www.cityofboston.gov/business/mobile/
EFFECTIVE IMMEDIATELY

ALL FOOD TRUCK VENDORS MUST MAKE A SPECIFIC DATE AND TIME APPOINTMENT MONDAY THRU FRIDAY 8:00AM-11:00AM WITH ONE OF THE FOLLOWING INSPECTORS.

Lt Leroy Hamilton 617-343-2196
Lt Michael Townes 617-343-3541
Insp. Dru Akins 617-343-3443
Insp. Eddie Echevarria 617-343-3775
Insp. Kevin Cotton 617-343-3774

Thank You
Captain Thomas Farrell
Boston Fire Department
Fire Prevention Division
Special Hazards Unit
Application for License to Peddle

(Under the provisions of Chapter 101, General Laws, and Amendments and additions thereto.)

This form of application must be filled out as directed, duly signed, and returned to this office with the full amount of the fee, before a license will be issued.

CASH, CERTIFIED CHECK, REGISTERED CHECK OR MONEY ORDER: Make check payable to the Commonwealth of Massachusetts. Do not mail cash.

To the Director of Standards, 1 Ashburton Place, Rm 1115, Boston, MA 02108, 617-727-3480.

I, the undersigned, hereby apply for a STATE LICENSE

TYPE OF GOODS SOLD: ________________________

NAME: ________________________ SSN# OR FED ID#: ________________________

ADDRESS: ________________________

CITY: ________________________ STATE: ________________________ ZIP: ________________________

DATE OF BIRTH: ______________ PHONE NO: ______________ EMAIL ADDRESS: ______________

1. Do you use a motor vehicle? __ YES __ NO Registration No. ________________________

2. Have you been convicted of any offense against the laws of this state or the ordinances or by laws of any city or town? __ YES __ NO if yes, state fully the nature of the offense, the court where convicted, date of conviction and penalty imposed.

3. Have you had a license to peddle within the last five years? __ YES __ NO

If yes, License Number ________________________

4. PURSUANT TO MASSACHUSETTS GENERAL LAW CHAPTER 62C SECTION 49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT I, TO THE BEST OF MY KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

Signature of Applicant: ________________________ Date: ________________________

CERTIFICATE OF CHARACTER:

(Must be signed by Chief of Police of the city or town in which applicant resides.)

I, the undersigned, ________________________ of the City/Town of ________________________, hereby certify that to the best of my knowledge and belief that ________________________, the above named applicant, is of good repute for morals and integrity.

SIGNED: ________________________ Chief of Police Date: ________________________

* Please check with each Community for local rules and regulation pertaining to sales from stationary or fixed locations.