



## **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, 7<sup>th</sup> 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, 5<sup>th</sup> 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. 617-635-4505.

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 be 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**

<u>Date Received</u>	<u>Date Inspected</u>	<u>Approved By</u>	<u>Permit # Issued</u>	<u>Fee</u>
_____	_____	_____	_____	_____

**Food Establishment Permit Application**

<b>1) Establishment Name:</b>	
<b>2) Establishment Address:</b>	
<b>3) Establishment Mailing Address (if different):</b>	
<b>4) Establishment Telephone No:</b>	
<b>5) Applicant Name and Title:</b>	
<b>6) Applicant Address:</b>	
<b>7) Applicant Telephone No:</b>	<b>7A) Email:</b>
<b>8) Owner Name and Title (if different from applicant):</b>	
<b>9) Owner Address (if different from applicant):</b>	
<b>10) Establishment Owned By:</b>  <input type="checkbox"/> An association <input type="checkbox"/> A corporation <input type="checkbox"/> An individual <input type="checkbox"/> A partnership <input type="checkbox"/> Other Legal entity _____	<b>11) If a corporation or partnership, give name, title and home address of officers or partners:</b> <u>Name:</u> <u>Title:</u> <u>Address:</u> _____ _____ _____ _____
<b>12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.)</b>	
Name & Title :	
Address:	
Telephone No:	Fax:
Emergency Telephone No:	
<b>13) District Or Regional Supervisor (if applicable )</b>	
Name & Title :	
Address:	
Telephone No:	Fax:



ANSWER ALL QUESTIONS IF NOT APPLICABLE WRITE N/A

CIRCLE ALL WHICH APPLY TO YOUR BUSINESS:

CANTEEN TRUCK      MOBILE KITCHEN      PUSH CART      ICE CREAM TRUCK      OTHER

SELL: FROZEN DESSERT/YOGURT/ICE CREAM/ OR MILK

MANUFACTURING: FROZEN DESSERT/YOGURT/ICE CREAM (SOFT SERVE)

NAME OF VEHICLE/PUSH CART \_\_\_\_\_

BASE OF OPERATION \_\_\_\_\_

STREET CITY STATE & ZIP \_\_\_\_\_

VERIFICATION LETTER FROM LICENSED COMMISSARY 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



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1. I am an employer with \_\_\_\_\_ employees (full and/or part-time).\*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity.  
[No workers' comp. insurance required]
- 3. 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]\*\*
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*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):**

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6.

Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



**Boston Fire Department General Requirements  
City Of Boston Municipal Code  
Mobile Food Trucks (Ord.2011 c.5)**

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/>

**BOSTON FIRE DEPARTMENT  
FIRE PREVENTION DIVISION**

**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



**FEE \$62.00**

<b>Office Use Only</b>	HP No. _____
Issue Date _____	Issued By: _____

**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, data 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.