

Date Received: \_\_\_\_\_

Amount Paid: **\$100**

Check# \_\_\_\_\_

Permit# \_\_\_\_\_

ABOVE FOR OFFICE USE ONLY



CITY OF CHICOPEE BOARD OF HEALTH  
APPLICATION TO OPERATE A  
**MOBILE FOOD SERVICE ESTABLISHMENT**

**2021**

Chicopee Health Department  
115 Baskin Drive, Chicopee, MA 01020  
(413) 594-3557

Name of Business \_\_\_\_\_ Date \_\_\_\_\_

Name of Owner \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Owner \_\_\_\_\_

Name of Operator (If Different from Owner) \_\_\_\_\_ Phone # \_\_\_\_\_

Address of Operator \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Email \_\_\_\_\_ Fax # \_\_\_\_\_

Check which type of Mobile Food Service Establishment applies:

- Mobile Food Unit (truck or trailer unit)     Pushcart     Ice Cream Truck

Name and address of Licensed Food Service Establishment or Food Processing Plant that Licensee operates from:

\_\_\_\_\_  
\_\_\_\_\_

Location of available toilet and handwashing facilities: \_\_\_\_\_

\_\_\_\_\_  
Name of food sources/suppliers: \_\_\_\_\_

\_\_\_\_\_

**FOR VENDORS WHO HANDLE POTENTIALLY HAZARDOUS FOODS, CURRENT COPIES OF THE FOOD SAFETY MANAGER CERTIFICATION AND THE FOOD ALLERGEN AWARENESS CERTIFICATION MUST BE INCLUDED OR LICENSE WILL NOT BE ISSUED.**

Name of Certified Food Safety Manager(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name of Food Allergen Awareness Certificate Holder(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

**105 CMR 590.003(A)(2): At least one Food Safety Manager is required for all Food Service Establishments which handle potentially hazardous foods.  
105 CMR 590.009(G)(3)(a): At least one Food Safety Manager must obtain Allergen Awareness Certification.**

I hereby certify that I am an owner or officer of the above business and all of the information provided is true. I agree to comply with the regulations set forth in 105 CMR 590.000 State Food Code. I agree to provide the Board of Health all required information and to pay all appropriate fees at the time of application submittal.

\_\_\_\_\_  
SOCIAL SECURITY OR FEDERAL ID NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT

CHECK OR MONEY ORDER ONLY

MAKE PAYABLE TO: THE CITY OF CHICOPEE

NO REFUNDS

## Diagram of Your Mobile Food Establishment

In the following space, provide a drawing of your Mobile Food Establishment. Identify and describe all equipment including cooking and cold holding equipment, hand washing facilities, food and single service storage, garbage containers, and customer service areas.

### Menu

Please list all potentially hazardous foods and any special handling procedures that may apply. If there are any menu changes you must contact the health department

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
---	---

### Equipment List

Please provide a list of all equipment to be used. Include hot and cold holding units and methods. Also include hand wash station specifications

<hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/>
-------------------------------	-------------------------------

## **ADDITIONAL DOCUMENTS REQUIRED**

Depending on the type of Mobile Food Service Establishment being applied for, copies of the following documents must be provided along with this application:\*

**Push Cart:**

- Photos of exterior of unit
- Driver's license or State Identification Card of operator
- RMV Vehicle registration (if required)
- MA Hawkers and Peddlers License [MA Division of Standards]
- Chicopee Mobile Common Victualler License [Licensing Dept.]
- Food Safety Manager Certification
- Food Allergen Awareness Certification
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant (i.e. commissary kitchen)

**Mobile Food Unit:**

- Photos of exterior of unit
- Driver's license of operator
- RMV Vehicle registration
- MA Hawkers and Peddlers License [MA Division of Standards]
- Chicopee Mobile Common Victualler License [Licensing Dept.]
- Food Safety Manager Certification
- Food Allergen Awareness Certification
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant (i.e. commissary kitchen)

**Ice Cream Truck:**

- Photos of exterior of unit
- Driver's license of operator
- RMV Vehicle registration
- MA Hawkers and Peddlers License [MA Division of Standards]
- Chicopee Mobile Common Victualler License [Licensing Dept.]
- Ice Cream Truck Vendor License [Chicopee Police Dept.]
- Frozen Dessert License (if serving dairy based soft serve ice cream)
- Food Safety Manager Certification
- Food Allergen Awareness Certification
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant (i.e. commissary kitchen)

\* If necessary, the Health Department may request more information than what is listed above.