

Date Received: _____

Amount Paid: \$ _____

Check# _____

Permit# _____

ABOVE FOR OFFICE USE ONLY



**CITY OF CHICOPEE BOARD OF HEALTH
APPLICATION TO OPERATE A MOBILE FOOD SERVICE ESTABLISHMENT
2020**

Chicopee Health Department
115 Baskin Drive
Chicopee, MA 01020
(413) 594-1660 x 376

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.**

MOBILE FOOD SERVICE FEE: \$ 100 PER MOBILE UNIT

NUMBER OF MOBILE UNITS: _____

TOTAL FEE INCLUDED: \$ _____

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

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:

- Driver's license or State Identification Card of operator
- Hawkers and Peddlers License
- Mobile Common Victualler License
- Food Safety Manager Certification if handling Potentially Hazardous Foods
- Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant

Mobile Food Unit:

- Driver's license of operator
- Vehicle registration
- Hawkers and Peddlers License
- Mobile Common Victualler License
- Food Safety Manager Certification if handling Potentially Hazardous Foods
- Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant

Ice Cream Truck:

- Driver's license of operator
- Vehicle registration
- Hawkers and Peddlers License
- Mobile Common Victualler License
- Ice Cream Truck Vendor License
- Frozen Dessert License if serving soft serve ice cream
- Food Safety Manager Certification if handling Potentially Hazardous Foods
- Food Allergen Awareness Certification if handling Potentially Hazardous Foods
- Documentation of affiliation with a fixed, licensed Food Service Establishment or Food Processing Plant

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