

Date Received: _____

Amount Paid: **\$100**

Check# _____

Permit# _____

ABOVE FOR OFFICE USE ONLY



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

2022

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

Name of Business _____

Name of Owner _____ Phone # _____

Address of Owner _____

Owner Email _____

Name of Operator (If Different from Owner) _____ Phone # _____

Address of Operator _____

Operator Email _____

Mailing Address (If Different) _____

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:

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.**

Certified Food Safety Manager(s) _____ Expiration Date _____

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

Apply online at: permiteyes.us/chicopee/loginuser.php

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, customer service areas, etc.

Menu

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

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

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
- RMV Vehicle registration (if required)
- MA Hawker and Peddler License [MA Division of Standards]
- 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:

- Driver's license of operator
- RMV Vehicle registration
- MA Hawker and Peddler License [MA Division of Standards]
- 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:

- Driver's license of operator
- RMV Vehicle registration
- Hawker and Peddler License
- 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.